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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

EDITED BY

J. J. DRYSDALE, M.D.,

J. RUTHERFURD RUSSELL, M.D.,

AND

R. E. DUDGEON, M.D.

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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

ON INFINITESIMALS,

BY DR. MADDEN.

FROM the period at which homœopathy was first introduced into Great Britain, there never was a more important time than the present. Old Physic, roused from her lethargy by the increasing noise that has been made about this "*German farce*," as the Medico-Chirurgical Journal called it in 1827, and finding that what she long feigned to despise, and more recently strove to crush, still presses forward and commands attention in a voice which cannot be silenced, has taken one turn more, and now at length professes soberly to discuss the merits and deficiencies of the system. The works of Drs. Routh and Bushnan will no doubt be extensively circulated and read, and the effect they will inevitably produce will be two-fold: on the thinking part of the profession they will very probably lead to a deeper and more fair method of investigating the claims of our system, and thus add to the number of our converts; while the unthinking multitude of medical practitioners will for a time rest perfectly satisfied with the weak and wretched arguments brought forward by these heroes of the fight, and look upon the question as set at rest, until such time as the relentless pressure of the *vox populi* once more convinces them that truth, though it may be traduced and crushed, cannot be annihilated. It is not my purpose, however, to say much of these works, both have already met with their deserved exposure in this Journal, and their so-

called arguments have been satisfactorily disposed of; my purpose is rather to revert to, and enlarge upon sundry hints which I have thrown out from time to time, and which seem to me to grow in importance, as the struggle between old and young physic advances. I am, however, the more particularly anxious to develope my views at present, seeing that the British and Foreign Medico-Chirurgical Review for April 1852, in an article, the language of which would disgrace any periodical, except perhaps the Lancet, coolly asserts that I am "evidently on the road to return to the corps of rational practitioners." Now, in one respect I feel grateful to this unknown scribe, seeing that I trust I am not only "on the road" towards, but actually among the *rational* practitioners. I fear, however, that his views and mine, respecting rational practice, are widely diverse. If the writer means to assert that I show any desire or tendency to give up homœopathy, he is totally and altogether in error; I never was so far from allopathy, and so fully attached to the homœopathic law, as my only certain guide in practice, as I am at this moment. The truth is, that the sole arguments which our opponents have, with any degree of plausibility even, brought to bear against our therapeutics, have been aimed, not at the great *principle* discovered by Hahnemann, but at the peculiar *dogmas* of our great and revered master. It cannot be too distinctly asserted, that homœopathy is one thing, and Hahnemannism, as it is often termed, is a very different thing indeed. It is one thing to adopt and cherish, and willingly abide by the great law of healing, enunciated in our motto "*similia similibus curantur*," but it is quite another thing to pin one's faith immovably to the various dogmatic assertions, which are to be found in the Organon and other works of Hahnemann; and it is high time that homœopaths should let this be thoroughly understood, for if this were the case, our opponents would have their only foundation for argument against us taken away. What advantage is it if they endeavour to disprove the psora theory, or the dynamization theory, or the evil results attributed to the use of the 30th potency, which has been too frequently shaken during its manufacture? If they annihilated all these, and many other statements which have found their way

into the writings of our master, have they thereby shaken homœopathy, even in the slightest degree? Assuredly not. Let us therefore, one and all, resolve to limit the field of fight; let us stand by the truth of our great principle, and leave off contending about points, which must for ever remain non-essential, and upon which we shall probably never agree, even among ourselves. I have been very much pleased with the truthful and vigorous tone of many of the recent articles in this Journal, and rejoice to find that my opinions do not materially differ from those entertained by the best and most talented men in our ranks; and it is cheering to think that others are speaking out plainly and distinctly, so as to guard against the possible imputation of having changed their mind, when the time arrives for every true homœopathist to see the advantage of separating carefully between what is essential to our system, and what has merely become associated with it, by the fact of its having been thought well of by the founder, or early advocates of this great reform. As one step towards this severance of essentials and non-essentials, let us examine somewhat carefully, the doctrines held about *infinitesimal doses*.

The arguments usually brought forward in favour of infinitesimal doses, are as follows: 1. Medicines being non-naturals, the smallest quantity which will produce the required effect, must of necessity be the most proper dose. 2. Medicines given in accordance with the homœopathic law, act directly on the part affected, and hence must be given cautiously, as the normal susceptibility of such parts is greatly increased by disease. 3. As a corollary to the second reason, an over-dose would necessarily aggravate the disease. 4. The results of experience are appealed to, as proving the superior efficacy of the smallest possible doses. 5. This reduction of the dose is believed to get rid of the cruder, or *genico-dynamic* effects of the drug, and to leave free and undiminished the peculiar or *idio-dynamic* properties of the remedy, upon which its directly curative virtue depends. 6. It is asserted, as a result of experiment, that the peculiar methods of preparation directed by Hahnemann, actually *develope* medicinal properties, and that this augmentation of the special virtues of the drug, more than counterbalances the

in accordance with the homœopathic law, act directly on the part affected, and hence must be given cautiously, as the normal susceptibility of such parts is greatly increased by disease; and an over-dose would necessarily aggravate the malady. It appears therefore, that on close examination, these three reasons resolve themselves into one, viz., that a reduction of the dose is necessary to prevent an aggravation of the disease. If therefore we can prove that small, though not infinitesimal quantities are free from this objection, we shall have demonstrated that these arguments cannot be employed, as they often are, to prove the necessity of using attenuations. Let us here ask another question; Who are the practitioners who most frequently meet with, or think they meet with, medicinal aggravations? Undoubtedly those who deal most with the high dilutions; it is those who limit themselves to the 12th, 80th, and the still higher potencies, and who seldom give more than one globule, or even a fraction of one globule at a time, that constantly dilate upon the aggravations they have seen, and dwell upon the importance of administering our medicines with extreme caution; while, on the other hand, those practitioners who do not hesitate to administer small appreciable quantities of certain remedies, when such a dose seems called for, and who in their general practice seldom ascend higher in the scale than the third centesimal dilution, are almost unanimous in the opinion, that true medicinal aggravations are very rarely to be met with. How are we to account for this? Assuredly not, as Dr. Beilby hints, by accusing the practitioners who generally give low potencies, and frequent doses, of carelessness in the selection of their remedies; such a charge is most unphilosophical, and would at once put an end to all fair enquiry. Let us rather judge of the correctness of each mode of treatment by its results, and as I feel confident the treatment by low dilutions, and occasionally small appreciable quantities, will bear comparison with any other method of conducting cases homœopathically (and in this opinion I rejoice to see that I am supported by no less an authority than Dr. Arnold), let us take this point for granted, and endeavour to ascertain the reason why the practitioners who employ the lower dilutions, meet with fewer aggravations

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able doses are for the most part free from this objection to their employment; and I am not aware of any instance where truly genico-dynamic effects have ever been observed even from the $\frac{1}{100}$ th of a grain, which is a quantity far too large to warrant the title of infinitesimal. Here again therefore, the argument upon which infinitesimal doses is supported, gives way, seeing that it merely proves the necessity for using relatively small doses, but by no means countenances a descent into the third or fourth place in decimals, far less into the transcendent minitudes of the high potency school. We have thus disposed of five out of the six arguments, and it only remains for us to examine how far the doctrine of a positive development of power by trituration or succussion can be upheld, and how far the benefits resulting from this source, if proved to exist, will compensate for the diminution of dose attendant on the process. In examining this point we must carefully distinguish between the *development* and the *production* of power. Using the word development in the sense of *eduction*, or the drawing forth, or setting free of something which, though pre-existing, was latent and passive, I fully believe that the processes of trituration and succussion are largely operative; while on the other hand, I cannot see any foundation whatever for the opinion held by many, that these operations actually *produce* or *originate* a power of which the crude article was altogether devoid. This point therefore I will not discuss; but taking for granted that the latent and passive powers are *liberated* by the peculiar processes of preparing homœopathic remedies, let us endeavour to ascertain the rationale of this, and then see how far the advantages thus obtained are likely to go on progressively from one dilution to another, so that there should be any just ground for the assertion that the higher the attenuation is, the greater the development will become. I have nothing to do here with the proving of this fact, as that rests upon purely practical grounds, and so long as we find marked medicinal effects from *Calcarea*, *Silicea*, *Lycopodium*, and a host of other substances in their prepared state, which are known to be inert in their crude condition, we need not waste our time in pointing out analogies, &c., by which to reconcile this unexpected fact

with older and well-known phenomena, but are warranted in assuming as our starting point, that some change takes place during the process of preparing these remedies which enables them to produce effects which they were previously incapable of doing. To come to the point, what difference, physical or chemical, can we detect in triturated substances, which do not exist in the crude condition? By far the chief, and for the present the only change which we shall examine is *comminution*, and this alone is, I believe, capable of accounting for all the advantages derived from this pharmaceutic operation. No writer that I have met with, has given this process so careful a consideration as Dr. Joslin, in his excellent "Lectures on the Principles of Homœopathy;" he shows distinctly, and at great length, in his second lecture, that by triturating with an inert substance, you can effect a reduction in the particles of the triturated substance to an extent which is absolutely unattainable by any other means. He demonstrates, for example, that "If any coarse and dry substance is triturated by itself, it will continue to be permanently divided and subdivided, to a certain but limited extent; for beyond that, the blow would either leave the parts so near each other that they would instantly reunite, by the power of the cohesive forces, and again become one solid body, or it would drive these newly separated parts against others, or against each other, and effect their union by bringing them within the sphere of cohesion." * Every one at all acquainted with physics, knows that pressure will cause two separate particles to adhere, provided it brings their opposed surfaces sufficiently near each other; it is upon this principle that the manufacture of Terra Cotta depends; where finely pulverised baked clay is put into moulds and compressed by powerful machinery to such an extent that every separate particle unites with its neighbour so strongly as to constitute one solid mass, possessing all the properties of unglazed porcelain. The limit of comminution then is attained, when the substance is so far reduced that the power required to break up any of the particles would be sufficiently great to cause the reunion of other separate pieces with their neighbours; but by triturating with some

* Joslin's Lectures, p. 42-3.

other substances, this degree of minute subdivision can be greatly extended, for example: "suppose a flint powder to be rendered as fine as it is possible to make it, by rubbing it *per se*; and suppose one grain of this to be triturated with 99 grains of ordinary loaf sugar, or of the harder, and therefore better, non-medicinal substance, sugar of milk;—suppose * * * the flint-powder be intimately mixed with the pulverized sugar, so as to be uniformly distributed through it, before the trituration is commenced; then each of the microscopic flint-stones is surrounded by 99 times its weight of sugar, which keeps them at nearly five times their former distances from each other, as estimated from 'centre to centre. What is the consequence, if trituration be commenced under these circumstances? A new and far more minute division must result;" * and in this manner Dr. Joslin explains the efficacy of trituration, viz.—"that it produces a degree of comminution infinitely greater than could be attained by any other means." Let us however see how far this excessive comminution is likely to proceed, and let us examine whether each repetition of the process is certain to effect an increased subdivision of the original material. There can be no question that the first trituration, viz., on the occasion when the pure flint-powder is mixed and rubbed up with 99 times its weight of sugar of milk, will prove very efficacious, and will reduce the silica to a degree of minuteness which could not otherwise have been attained; but are the conditions the same at the commencement of the second trituration? I think not; every particle of flint is now surrounded by 99 times its weight of sugar of milk, which has itself attained to the greatest degree of subdivision capable of being produced by rubbing *per se*; if therefore another quantity of sugar of milk is added, equivalent to 99 times the weight of the first trituration, it follows that the force of trituration must be diffused over the whole of the particles of the first trituration; and hence $\frac{1}{100}$ th part only will be applied to the silica, and accordingly the probability of a further reduction of size is very much less in the second than in the first trituration, which improbability will greatly increase with each repetition of the process. It seems to me therefore,

* Joslin's Lectures, p. 46-7.

that here also the advantages of Hahnemann's pharmaceutical processes will be found much greater in their first than in their subsequent applications, and hence it follows that any arguments in favour of a reduction of dose, founded upon these processes, can only be legitimately brought to bear upon the first two or three attenuations, and hence, cannot be employed in defence of the high potencies. I do not, however, feel it necessary to pursue this subject further; suffice it to say, that I have not yet met with a single argument or theory of potentization, which is not open to the same objection, viz.—that while they all more or less fully prove the advantages of comparatively very small doses, they fail altogether in lending any support to the opinion, that infinitesimal quantities should of necessity prove most suitable.

Let us therefore turn to the opposite side of the question, and examine whether there are any positive objections to the use of the high potencies, or whether the whole question must be left to the decision of each individual practitioner. Here again, experience will constitute the only satisfactory court of appeal, and I will therefore simply put together a few observations which have been strongly impressed upon my mind in the course of extensive practice during the last eight years, and I may perhaps be allowed to remark that from my position at Brighton I have continued opportunities of seeing patients whose treatment is at other times conducted by homœopathists of every shade of opinion, and hence I can more fully ascertain the effects of these differences than if I had only my own patients to make observations upon, seeing that in questions of potency and repetition of dose, &c., every one must in the course of time become more or less of a routinist.

1. It is a well known fact in physiology that the impressionability of the senses can be greatly augmented and refined by education, which education consists in practising the organ and accustoming it to detect minute differences, or in other words, to respond to minute stimuli. 1. Is it not natural therefore to suppose that the susceptibility of a patient to medicinal stimuli will be equally exalted by the use of highly diluted remedies? 2. Considering that the medicinal stimuli act upon all parts of the nervous system, is it not probable that this exalted suscepti-

bility will render the patient more obnoxious to morbid causes?

3. Is it not practically the fact, that many patients who have been subjected to the repeated use of very small doses of the highest potencies, accompanied, as such practices usually are, with strict dietetic rules, and peculiar hygienic measures, are found to be most inordinately and inconveniently liable to suffer from chills, draughts of air, errors of diet, and a host of the most common sources of common ailments? My experience answers this decidedly in the affirmative; indeed the preceding line of reasoning has been forced upon me in explanation of the repeatedly recurring practical fact which it is intended to explain. I have known patients whose senses of hearing and smell have according to their own account been rendered painfully acute after homœopathic treatment, and I have met with several instances of persons who told me they had been obliged to give up homœopathy, as it rendered them so susceptible of catching cold, that after being any time under the treatment they were certain to take cold, and to renew it on every possible occasion. Surely this must be viewed as a considerable drawback to the benefits of the system if it were proved to be a necessary accompaniment of its practice; but this I do not believe to be the case, for in the first place the instances themselves are exceptional, although sufficiently numerous to prove a source of frequent annoyance in a large practice; but secondly I have never known any such results occur after the employment of the lower attenuations, and I strongly suspect therefore that they might in most cases be avoided.

There is a certain class of patients who prove beyond all comparison the most difficult to manage of any that come under our charge, viz., those who have become intensely susceptible to every morbid stimulus, and to the minutest possible doses of medicine, and whose powers of reaction are nevertheless so small that every remedy given produces no end of annoyance in the way of perturbations, and yet effects little if any ultimate amelioration of the patient's condition. That this state occurs as a natural consequence of disease I am well aware, but that it is greatly aggravated, and at times actually produced, by a too rigid hygiene and a too refined medication, I am

equally certain; and what makes the case the more trying is, that once this morbid condition is produced it is most difficult to remove it. In cases of this description one would naturally conclude that if such extremely minute doses produce so much disturbance, a larger quantity would be intolerable to the patient, not so, however, for it frequently happens that those who suffer greatly after a single globule, or fraction of a globule of the 30th or 100th attenuation, will bear a drop of the 3rd dilution without any unpleasant consequences. I do not pretend to be able to explain this, but such is the fact, and moreover I believe it points us to the best means hitherto attempted of blunting as it were this hyper-sensitiveness, viz., by giving as few doses of medicine as possible, but these in low potencies, or even small appreciable quantities, and by relaxing the hygienic restrictions, and allowing the patient to live more like other people, and to follow the normal inclination to considerable variety in diet. 2. A second objection to the using the higher attenuations is, that they for the most part require more rigid restriction in diet or regimen to prevent their refined action from being disturbed or altogether destroyed, and this proves injurious in two ways, viz., *positively*, by giving rise to the evils already noted as resulting from a too rigid hygiene, and *negatively*, by an increased liability to their action being destroyed by unavoidable causes, which would not have interrupted in any perceptible degree a larger dose. 3. Another practical disadvantage in the use of high attenuations is the fact that, a more nice and delicate selection of the remedy is needed to insure a curative result. Methinks I see some lovers of high potencies, exulting over this admission, and exclaiming, "did I not always say that the use of low potencies was a mere cloak for slipshod practice?" but to such an one I answer, "have a care, sir, and hear me out before you come to any such conclusion." It is a very pretty, and skilful amusement to kill sparrows on the wing with rifle and bullet, and it may do very well for the unoccupied dilettante thus to spend his time, but if a farmer's crops were suffering from the devastations of these winged pests, I much doubt if he would engage the services of so refined an operator, but would feel much more con-

fidence in a good musket loaded with "*sparrow hail*," as the finest shot is termed in Yorkshire, which while too small to injure his corn would deal destruction among the enemy. I imagine all will agree with me that in direct proportion as you increase the difficulty of selecting the right remedy, do you decrease the practical advantages of the therapeia therewith connected, and this I take to be the case with the attenuations. I believe it can be shewn that in a direct ratio as you ascend the scale of dilution, does the difficulty of prescribing successfully increase, and for the following reason. Without committing oneself to any particular theory of homœopathic action, it must be obvious to all that there is a great analogy between the mode of action of our remedies and of those agents which are usually termed counter-irritants, and that Dr. Gerstel was correct in the fact, though probably not in his mode of explaining it, that homœopathic remedies were counter-irritants applied to a point the nearest possible to the diseased part. Now it is well known that in the class of counter-irritants, the severity of the remedy, or the largeness of the dose, is in an inverse proportion to the distance of the part to which it is applied from the seat of the disease—a stimulating lotion will do for an inflamed surface, but a blister is needed to influence an internal lesion. But the proving of a homœopathic drug is to demonstrate the parts upon which it acts, and the kind of action which it is capable of setting up; and hence it may be said that the more strictly homœopathic a remedy is, the more closely does it act to the diseased part, and hence the smaller will be the dose required. Thus far probably most of my brethren will agree with me, and many will conclude that I am rather defending the employment of infinitesimals, than pointing out their disadvantages. To proceed however. If we examine carefully the pathogenesis of very well proved remedies, we find three distinct sets of indications: 1st, broadly marked general indications of the organ acted upon: 2ndly, distinct evidence of an exaltation, depression or special perversion of function: 3rdly, minute or special peculiarities of action, many of which are more idiosyncratic than general, or in other words, occur only in certain persons, and never develope themselves in the majority of those who

test the drug. Now I do not for a moment deny the advantage of these last minute shades of differences, and where a marked correspondence exists between a case of disease and any of these uncommon symptoms, a brilliant cure is often effected; but it must not be forgotten, that such peculiarities are by no means common, are often very difficult of appreciation, are especially liable to be unintentionally misrepresented by the patient, and may be totally unconnected, pathologically, with the existing disease, for all which reasons it is highly inadvisable that the success of a medicine should be linked indissolubly to such uncertain guides to selection, and yet experience tells me that this is the case with the high potencies. Many of the more ordinary ailments will be found to yield indiscriminately to any one of half a dozen remedies, if these are given in low potencies, which would probably succumb readily to one only of these, if administered in the 30th or still higher dilutions, and yet the selection of this one remedy out of the half dozen might have depended, not upon any appreciable pathological distinction, but upon some minute idiosyncratic symptom to be detected only by some fortuitous admission on the part of the patient. Those who dread that the recommendation of low potencies will lead to and perpetuate slipshod practice, may take consolation from the fact that there must exist a defined pathological relationship between the remedy and the disease, before any dose, too small to produce genico-dynamic effects, can prove curative, and that the only gain in this respect by employing a low potency is an escape from the necessity of hunting for symptoms of a character so refined, that it is not one patient in ten who can accurately detail them.

Finally, I trust I have shewn two things: 1st, that all the arguments usually brought forward in defence of infinitesimals, strictly apply only to relatively small doses, while many of them lose their applicability altogether, when you pass the limit of appreciable quantities, and 2ndly, that there are in practice certain positive disadvantages connected with the use of highly attenuated remedies; and from these two facts I would conclude that the low potencies, and small appreciable quantities, should have a decided preference over the high dilutions in all cases

where they are found to act favorably, and that we should only ascend the scale of attenuation when compelled to do so, by the occurrence of exceptional cases where such doses act more favorably on the patient.

ANTICIPATIONS OF HOMŒOPATHY.

BY WILLIAM SHARP, F.R.S.

(Continued from page 570, vol. x.)

“Whatsoever is new is unlooked for; and ever it mends some, and pairs (impairs) other; and he that is holpen takes it for a fortune, and thanks the time; and he that is hurt, for a wrong, and imputeth it to the author.”

LORD BACON.

IN proportion to its importance to mankind should the “unlooked-for” novelty be laid, if possible, upon a deep and broad foundation of truth. While some are building up the temple of homœopathy, it is well for others to be engaged in solidifying its base. While endeavouring to develope its power and usefulness in a thousand practical applications, we should, ever and anon, strengthen the hold upon our minds which the principle itself must retain.

This, after giving honour to a worthy name, was the main object of my last, as it is also of my present communication. In the former, I shewed how the principle of homœopathy—*similia similibus curantur*—is illustrated and confirmed in the instance of *cantharides*, as drawn from the cases of Dr. GREENFIELD, which occurred a hundred and fifty years ago. The sphere of action of these insects, both as a poison and as a remedy, is most distinctly proved by these cases to be the urinary organs; and it is as distinctly manifest that the symptoms produced by it, when given as a poison, are precisely similar to those which it cures when administered as a remedy. It is in fact one of LORD BACON’S “*glaring instances*” of the law of homœopathy.

On the present occasion I shall attempt to accomplish the

same purpose, by an examination of the disease-curing and disease-producing properties of *creosote*, or *tar-water*: taking the one, its remedial efficacy in disease, from the work called "*SIRIS*," by the celebrated bishop of Cloyne, Dr. BERKELEY; and the other, its poisonous or injurious effects upon a healthy frame, from the experiments of modern physicians. This will afford me an opportunity of giving an analysis of another interesting and scarce little book.

A story is told of the worthy bishop that he often declared that if he could stand upon the top of St. Paul's, and speak with a voice that all the world could hear, he would say: "*Drink Tar-water.*" This enthusiastic admiration of its healing virtues, was, doubtless, unadvisedly fixed upon a single remedy; but we shall, I think, discover from this book, that the views and feelings of the bishop were such, that, if transferred from *one* to *all* homœopathic remedies, they would then be neither exaggerated nor misplaced.

"*SIRIS: a chain of Philosophical Reflexions and Enquiries concerning the Virtues of TAR-WATER; and divers other Subjects connected together and arising one from another. By The Right Rev. Dr. GEORGE BERKELEY, Lord Bishop of Cloyne. Dublin printed: London reprinted 1744.*"

"For Introduction to the following piece, I assure the reader, that nothing could, in my present situation, have induced me to be at the pains of writing it, but a firm belief that it would prove a valuable present to the public. What entertainment soever the reasoning or notional part may afford the mind, I will venture to say. the other part seemeth so surely calculated to do good to the body, that both must be gainers. For if the lute be not well tuned, the musician fails of his harmony. And in our present state, the operations of the mind, so far depend on the right tone or good condition of its instrument, that anything which greatly contributes to preserve or recover the health of the body, is well worth the attention of the mind. These considerations have moved me to communicate to the public the salutary virtues of tar-water; to which I thought myself indispensably obliged, by the duty every man owes to mankind. And as effects are linked with their causes, my thoughts on this low

but useful theme led to farther enquiries, and those on to others remote, perhaps, and speculative, but, I hope, not altogether useless or unentertaining."

I propose giving a summary of Dr. BERKELEY's little book, under the following heads:

- I. An illustration or two of his thoughts on scientific subjects.
- II. Shewing how he has anticipated homœopathists in pointing out the errors of the ordinary medical practice.
- III. An account of the benefits arising from the use of Tar-water. This will prove to be an excellent summary of the advantages of homœopathic medicines in general.
- IV. From the cases for which it is recommended, the characteristic properties of Tar-water may be clearly gathered.
- V. These characteristic properties tally exactly with the modern experiments upon healthy persons with Creosote.
- VI. A quotation or two shewing that Dr. BERKELEY met with the same treatment from medical men which unhappily distinguishes the conduct of the profession towards homœopathists of the present day.

I. That Dr. BERKELEY was endowed with a powerful and original mind, and that he diligently applied his superior intellect to the investigation of the scientific questions of his time, is too well known to require proof. It is true that the general impression entertained at present respecting him is somewhat unfavourable; which has arisen from his having expressed his speculations concerning the existence of matter in a manner which has disposed ordinary people to ridicule rather than to admire him. A letter of Dr. ARBUTHNOT's to Dean SWIFT, rather than the productions of BERKELEY's own pen, is however the principal ground for this impression. The story is this: BERKELEY was ill; ARBUTHNOT was attending him as his physician, and wrote to SWIFT as follows:—"Poor BERKELEY has got the *idea* of a strong fever upon him, which it is very difficult to drive out of him." That he was in advance of his contemporaries on most questions of science, and that he was

abundantly familiar with the best writings of antiquity, is plainly evidenced in this book. His acquaintance with the anticipation of the discovery of oxygen in atmospheric air, may be given as an illustration of the former part of this remark. "That there is some latent vivifying spirit dispersed throughout the air, common experience sheweth, inasmuch as it is necessary both to vegetables and animals, whether terrestrial or aquatic, neither beasts, insects, birds, nor fishes, being able to subsist without air. *Nor doth all air suffice, there being some quality or ingredient of which when air is deprived, it becoming unfit to maintain either life or flame.* And this even though the air should retain its elasticity." (par. 143.) And again:—"There is, as we have observed, some one quality or *ingredient in the air*, on which life more immediately and principally depends. What that is, though men are not agreed, yet it is agreed *it must be the same thing that supports the vital and the common flame*, it being found that when air by often breathing it is become unfit for the one, it will no longer serve for the other." (par. 144.) Again:—"Air is necessary both to life and flame. And it is found by experiment that air loseth in the lungs the power of feeding flame. Hence it is concluded that *the same thing* in air contributes both to life and flame." (par. 201.)

It may be worth while to remind my readers that these sentences were written thirty years before the discovery of oxygen by PRIESTLY and SCHÉELE, and that Dr. BERKELEY'S more immediate predecessors in these enquiries were, BOYLE, HOOKE, and MAYOW, while his contemporary was Dr. HALES, who refused a canonry of Windsor that he might continue to devote himself to his parochial duties, and his favourite scientific pursuits. It is chiefly the experiments of HALES that Dr. BERKELEY alludes to in these paragraphs.

The anticipation of the efforts of modern chemistry in separating the peculiar principles from vegetables, for example, of Creosote from Tar, may be adduced as another instance of clear thought and careful enquiry. "The luminous spirit which is the form or life of a plant, from whence its differences and properties flow, is somewhat extremely volatile. It is not the oil, but a thing

more subtle, whereof oil is the vehicle which retains it from flying off, and is lodged in several parts of the plant, particularly in the cells of the bark, and in the seeds. This oil purified and exalted by the organical powers of the plant, and agitated by warmth, becomes a proper receptacle of the spirit, part of which spirit exhales through the leaves and flowers, and part is arrested by this unctuous humour that detains it in the plant. It is to be noted, this essential oil animated, as one may say, with the flavour of the plant, is very different from any spirit that can be procured from the same plant by fermentation. Light impregnates air, air impregnates vapour, and this becomes a watery juice by distillation, having risen first in the cold, still with a kindly gentle heat. This fragrant vegetable-water is possessed of the specific odour and taste of the plant. It is remarked, that distilled oils added to water for counterfeiting the vegetable-water can never equal it, artificial chemistry falling short of the natural." (par. 44, 45.) "The volatile salts separated by infusion from tar, may be supposed to contain its specific virtues. Mr. BOYLE and other later chemists are agreed that fixed salts are much the same in all (vegetable) bodies. But it is well known that volatile salts do greatly differ, and the easier they are separated from the subject, the more do they possess of its specific qualities. Now the most easy separation is by infusion of tar in cold water, which to smell and taste shewing itself well impregnated, may be presumed to extract and retain the most pure volatile and active particles of that vegetable balsam." (par. 8.)

Once more, the suggestion of better methods than the common ones of obtaining active medicinal preparations;—"The less violence is used to nature the better its produce. The juice of olives or grapes issuing by the slightest pressure is best. Resins that drop from the branches spontaneously, or ooze upon the slightest incision, are the finest and most fragrant. And infusions are observed to act more strongly than decoctions of plants, the more subtile and volatile salts and spirits which might be lost or corrupted by the latter, being obtained in their natural state by the former. It is also observed that the finest, purest, and most volatile part is that which first ascends in dis-

tillation. And indeed it should seem the lightest and most active particles required least force to discharge them from the subject." (par. 46.)

In addition to such physical enquiries and suggestions as these, there are, in the latter part of the book, several more recondite and metaphysical speculations, connected with elaborate and familiar allusions to ancient writers. They are deeply interesting, but this is not the fitting occasion to discuss them.

II. Anticipation of Homœopathists in pointing out the errors of the ordinary medical practice.

"Fatal blunders are committed by unwary practitioners, who, not distinguishing the nature of the disease, do frequently aggravate instead of curing it." (par 97.) Tar water is "not less innocent than potent, which cannot be said of those others in common use *that often leave people worse than they found them.*" (par. 99.) "It is not a violent and sudden medicine, always to produce its effect at once, such *by irritating often do more mischief than good.*" (par. 110.) "It was a wise maxim of certain antient philosophers that *diseases ought not to be irritated by medicines.*" (par. 114.) People "are led gradually to the use of those poisons, (distilled spirits,) by a certain complaisant pharmacy, too much used in the modern practice, palsy drops, poppy cordial, plague water, and such like, which being in truth nothing but drams disguised, yet coming from the apothecaries, (or procured at druggists,) are considered only as medicines." (par. 103.)

"*Opium*—though a medicine of great extent and efficacy, yet is frequently known to produce grievous disorders in hysterical or hypochondriacal persons, which make a great part, perhaps the greatest of those who lead sedentary lives in these islands. Besides upon all constitutions *dangerous errors may be committed in the use of opium.*"

"*Mercury*—hath of late years become a medicine of very general use, * * * but then we should be cautious in the use of it, * * * may it not be justly feared that so great a force entering the minutest vessels, and breaking the ob-

structed matter, might also break or wound the fine tender coats of those small vessels, and so bring on the untimely effects of old age, producing *more, perhaps, and worse obstructions than those it removed?* Similar consequences may justly be apprehended from other mineral and ponderous (doses of) medicines." (par. 70, 71.)

"A mercurial salivation is looked on by many as the only cure. Which by the vehement shock it gives the whole frame, and the sensible secretion it produceth, may be thought to be more adequate to such an effect. *But the disorders occasioned by that violent process it is to be feared, may never be got over.* The immediate danger, the frequent bad effects, the extreme trouble and nice care attending such a course, do very deservedly make people afraid of it." (par. 100.)

Emetics, blisters and bleeding.—"At first some patients (in fever) were vomited, but afterwards I found that without vomiting, bleeding, blistering, or any other evacuation or medicine whatever, very bad fevers could be cured by the sole drinking of tar-water, milk-warm, and in good quantity." (par. 77.)

"*Emetics*—are on certain occasions administered with great success. But the overstraining and weakening of nature may be very justly apprehended from a course of emetics. They are nevertheless prescribed and substituted for exercise. But it is well remarked in Plato's *Timæus*, *that vomits and purges are the worst exercise in the world.*" (par. 67.) It is abundantly evident from these, and other passages which might be quoted, that BERKELEY is of the same sentiment as his predecessor, ADDISON, that physicians are "like the British army in Cæsar's time,—*some slay in chariots, and some on foot.*" (Spectator, March 24, 1710.)

And thus has the story of the poor woman in the Gospel been illustrated in every age. St. Mark tells us that she "*had suffered many things of many physicians*, and had spent all that she had, and was nothing bettered, but rather grew worse," (ch. v.) while St. Luke, himself a physician, omits the reproachful part, and states only that she "had spent all her living upon physicians, neither could be healed of any." (ch. x.)

III. An account of the benefits arising from the use of Tar-water;—an excellent summary of the advantages of homœopathic remedies in general.

1st. It is safe and cheap. “This safe and cheap medicine suits all circumstances, and all constitutions, operating easily, curing without disturbing, raising the spirits without depressing them, a circumstance that deserves repeated attention, especially in these climates, where strong liquors so fatally and so frequently produce those very distresses they are designed to remedy, and if I am not misinformed, even among the ladies themselves, who are truly much to be pitied.” (par. 103.)

2nd. It is sure and easy. “It seems to produce its principal effect as an alterative, sure and easy, much safer than those vehement purgatives, emetic, and salivating medicines which do violence to nature.” (par. 55,)

3rd. It does not interfere with diet, exercise, or study. “Tar-water layeth under no (severe) restraint either as to diet, hours, or employment. A man may study, or exercise, or repose, keep his own hours, pass his time either within or without, and take wholesome nourishment of any kind.” (par. 64.)

4th. It refreshes the spirits. Tar-water “raiseth the spirits, and is an excellent anti-hysteric.” (par. 99.) “It suddenly calmed the feverish anxieties, and seemed every glass to refresh, and infuse life and spirit into the patient. (par. 77.) “Cordials, vulgarly so called, act immediately on the stomach, and, by consent of nerves, on the head. But *medicines of an operation too fine and light to produce a sensible effect* in the primæ viæ, may nevertheless * * operate in such a manner * * * as to produce, *in issue and effect*, all the benefits of a cordial much more lasting and salutary, than those of distilled spirits, which * * * do incomparably more mischief than good. * * The transient fits of mirth, produced from fermented liquors and distilled spirits, are attended with proportionable depressions of spirits in their intervals. But the calm cheerfulness arising from this *water of health*, as it may be justly called, is permanent.” (par. 66.)

5th. Its mode of action is friendly, not hostile to the operations of nature. “There is something in the mild operation of

Tar-water, that seems more friendly to the economy, and forwards the digestions and secretions in a way more natural and benign, the mildness of this medicine being such that I have known children take it for above six months together, with great benefit, and without any inconvenience; and, after long and repeated experience, I do esteem it a most excellent diet drink fitted to all seasons and ages." (par. 67.)

6th. It is an efficient substitute for severe treatment in acute diseases. "In peripneumonies and pleurisies I have observed Tar-water to be excellent. * * * I do even suspect that a pleuritic patient, betaking himself to bed betimes, and drinking very copiously of Tar-water, may be cured by that alone, without bleeding, blistering, or any other medicine whatever: certainly I have known this succeed at a glass every half-hour." (par. 78.)

7th. Its administration is followed by a short convalescence. "It was remarkable that such (cases of fever) as were cured by this comfortable cordial, *recovered health and spirits at once*; while those who had been cured by evacuations often languished long even after the fever had left them, *before they could recover of their medicines*, and regain their strength." (par. 77.)

IV. From the cases for which it is recommended the characteristic properties of tar-water may be clearly gathered.

1st. The small-pox.—"This cold infusion of tar hath been used in some of our colonies, as a preservative or preparative against the small-pox, which foreign practice induced me to try it in my own neighbourhood, when the small-pox raged with great violence. And the trial fully answered my expectation: all those within my knowledge, who took the tar-water, having either escaped that distemper, or had it very favourably. In one family there was a remarkable instance of seven children, who came all very well through the small-pox, except one young child which could not be brought to drink tar-water as the rest had done. Several were preserved from taking the small-pox by the use of this liquor; others had it in the mildest manner; and others, that they might be able to take the infection, were obliged to intermit drinking the tar-water." (par. 2, 3.)

2nd. Foul ulcers.—“It seemed probable that a medicine of such efficacy in a distemper, attended with so many purulent ulcers, might be also useful in other foulnesses of the blood; accordingly I tried it on several persons infected with cutaneous eruptions and ulcers, who were soon relieved, and soon after cured. Encouraged by these successes, I ventured to advise it in the foulest distempers, wherein it proved much more successful than salivation and wood-drinks had done.” (par. 4.)

3rd. Purulent expectoration and erysipelas.—“Having tried it in a great variety of cases, I found it succeed beyond my hopes. In a tedious and painful ulceration of the bowels, in a consumptive cough, and (as appeared by expectorated pus) an ulcer in the lungs * * * And when a person, who for some years had been subject to erysipelalous fevers, perceived the usual forerunning symptoms to come on, I advised her to drink tar-water, which prevented the erysipelas.” (par. 5.) “Some think an erysipelas and the plague differ only in degree. If so, tar-water should be useful in the plague, for I have known it cure an erysipelas. (par. 83.)

4th. Gangrene, or sphacelus.—“The great force of tar-water to correct the acrimony of the blood, appears in nothing more than in the cure of a gangrene from an internal cause; which was performed on a servant of my own, by prescribing the copious and constant use of tar-water for a few weeks.” (par. 82.)

5th. Scorbutic, or psoric affections.—“The scurvy may be reckoned in these climates an universal malady, as people in general are subject to it, and as it mixes more or less in almost all diseases. * * * The scurvy should be considered by our physicians as having some share in most disorders and constitutions that fall in their way. * * * Dr. MUSGRAVE thinks the Devonshire scurvy a relique of the leprosy. * * * There are some who derive all diseases from the scurvy, which indeed must be allowed to create or mimic most other maladies. * * * In a word, it may be said to contain the seeds and origin of almost all distempers. Insomuch that a medicine which cures all sorts of scurvy, may be presumed good for

most other maladies. The scurvy doth not only in variety of symptoms imitate most distempers, but also when come to a height, in degree of virulence equal the most malignant. Of this we have a remarkable proof in that horrible description of the scorbutic patients in the hospital of Paris, given by M. POMPART in the *Memoirs of the Royal Academy of Sciences* for the year 1699. That author thinks he saw some resemblance in it to the plague of Athens. It is hard to imagine anything more dreadful than the case of those men—rotting alive by the scurvy in its supreme degree. To obviate such putrefaction, I believe the most effectual method would be to *embalm* (if one may so say) the living body with tar-water copiously drunk; and this belief is not without experience." (par. 88—91.)

6th. Dyspepsia and its consequences.—"I never knew anything so good for the stomach as tar-water; it cures indigestion and gives a good appetite." (par. 6.) "Tar-water possesseth the virtues of fortifying the stomach, as well as purifying and invigorating the blood, beyond any medicine that I know. It may be presumed of great and general efficacy in all those numerous illnesses which take their rise from foul or vapid blood, or from a bad digestion." (par. 87.)

7th. Inflammatory affections.—"I have seen it succeed in a pleurisy and peripneumonia." (par. 5.) "The usefulness of this medicine in inflammatory cases is evident from what has been already observed. Tar-water may be safely used in inflammatory cases; and in fact it hath been found an admirable febrifuge, at once the safest cooler and cordial." (par. 7.)

8th. "Tar was by the ancients esteemed good against poisons, ulcers, the bites of venomous creatures, also for phthisical, scrofulous, paralytic, and asthmatic persons. But the method of rendering it an inoffensive medicine, and agreeable to the stomach, by extracting its virtues in cold water, was unknown to them." (par. 9.)

From these cases the characteristic properties of tar-water may be clearly gathered. It is obvious that the entire list belongs to that condition of the body which is called a "dyscrasia;" when there is a strong tendency in the fluids to decomposition,

and in the solids to disorganization. It reminds us of the "humoral pathology," and points to that state of things for which Arsenicum and Secale are often so strongly indicated, and so strikingly beneficial; and if tar-water, or Creosote, be a third remedy for these formidable evils, it must constitute a powerful element in the homœopathic materia medica. And if, when taken in health, it should be found to manifest the same tendency to produce a similar condition of the solids and fluids of the body, it will be another "glaring instance" of the truth of the law of homœopathy. This brings us to our next subject.

V. The characteristic properties of tar-water, as gathered from the nature of the cases in which it is recommended, exactly tally with the modern *provings* of Creosote.

We have no experiments made with tar-water as such, it may be well therefore to state that *creosote*, which was discovered by M. REICHENBACH in 1832, is obtained by distillations from tar, and that it appears to be the peculiar ingredient in that substance, giving it its characteristic properties. Creosote is soluble in water, and therefore may be expected to exist in minute quantities in tar-water. Its composition is carbon 75, hydrogen 8, oxygen 17 per cent, or $C_{14}H_8O_2$. It gives the smoked flavour to meat cured by smoke or pyroligneous acid. It is an oily, colourless, highly refracting liquid; its sp. gr. 1,037; it boils at 397° , and burns with a smoky flame. It is used by allopathic practitioners as an antiseptic, being applied as an ointment to ulcers, wounds, and cutaneous affections. It is given in cases of obstinate vomiting,* and applied to a decayed tooth for violent toothache. It is applied to the external complaints of horses, dogs, and sheep; it destroys insects without soiling the wool as tar does.

To shew that Creosote and tar-water may be considered the same medicinal agent, and in confirmation of Dr. BERKELEY'S recommendation of it for ulceration of the bowels in bad forms of dysentery, I give the following extract from my friend Mr. BRAITHWAITE'S "Retrospect," vol. 12, page 104.

* See for an interesting case—*British Journal of Homœopathy*, vol. ix, p 575.

“On the use of Creosote Injections in Camp Dysentery, by J. B. WILMOTT, Esq., M.D. [By camp dysentery, Dr. WILMOTT means the epidemic form which often proves so deadly a scourge in large communities. On the 3rd Oct., 1844, he was requested to visit the Tonbridge Union House, at Banbury, where a fatal dysentery was raging. At his second visit on the 10th he made a *post mortem* examination of two fatal cases. In the first there was injection and ecchymosis on the inner part of the ileum; the mucous membrane was so ulcerated that a mere tracery work, like lace, was left of it. The cœcum also was ulcerated, but not the colon. In the second case the rectum and last three inches of the colon were much ulcerated.]

“Several cases had occurred since the 3rd. The most pressing was that of a man of 51, who was attacked on the 1st, and in whom the remedies up to this day (the 11th) had been of little or no avail. He was greatly exhausted; had constant evacuations of blood, with shreddy matter; no fæces; the smell was putrid and gangrenous. Hot turpentine fomentations were ordered to the belly, and in addition the author was led to try an injection composed of 3j of Creosote in 12oz. of starch. He did not, he observes, use it empirically, but—looking at the character of the fever, of the slow, nervous kind, the inertness of remedies introduced by the stomach, the little control exercised by medicines locally applied to allay spasm of the gut, the local nature of the disease, as shewn by inspection of the bodies, the disposition to gangrene, as well as ulceration—these considerations induced him to try the remedy. On the 12th the patient was rather better; the injection had caused a tingling sensation, but no pain. On the following days he gradually improved; and on the 18th the evacuations were copious, highly offensive, containing a quantity of hard scybala. No blood or shreds were passed. The turpentine had been applied four times, and the Creosote injection used every night since the 11th. After this he soon became convalescent. In several other cases, either under the observation of the author or his friends, this remedy was used, and with evident advantage.”

If we read over carefully the account given us in JAHR'S

Symtomen Codex and Repertory of the various provings of Creosote, we cannot but be struck with the resemblance in the effects it produces upon healthy persons, to those of the cases for which we have just seen it so strongly recommended by Dr. BERKELEY. For example, we find the following symptoms resembling small-pox :

“ *Fever*.—Shaking chills for five hours, then heat in the face, with heat in the hands and coldness of the feet, mingled with chills for several hours ; alternation of chilliness and heat, with a good deal of thirst ; languor in every part of the body, &c. Headache, &c.

“ *Skin*.—Large pock-shaped pustules over the whole body ; pustules over the whole body, with swelling and stiffness of the feet ; pustules resembling small-pox.”

Other symptoms indicating the general tendencies alluded to above are such as the following :

“ *Scalp*.—Ulcerative pain in the right side of the sinciput ; sensation under the left occipital bone, as of subcutaneous ulceration ; the skin of the vertex and sinciput is painful, as from subcutaneous ulceration ; falling off of the hair.

“ *Eyes*.—Burning and heat as from fire in the eyes ; discharge of hot, acrid, smarting tears, like salt water ; suppuration of the eyes.

“ *Ears*.—Pimples with inflammation of the outer ear ; glowing heat ; bright redness ; considerable swelling, and tensive burning pains (erysipelas) ; humid herpes of the ears.

“ *Nose*.—Bad smell before the nose ; foetid smell in the nose ; bleeding of the nose.

“ *Face*.—Eruption ; pimples on the forehead ; greasy sort of pimples on the right cheek, and on the chin, covered with yellow, honey-like crusts ; heat and redness in the face ; scaly herpes on the eyelids, cheeks, and around the mouth ; livid complexion.

“ *Mouth*.—Slimy mouth, with a good deal of spitting.

“ *Gastric symptoms*.—Bitter taste in the mouth ; sour eructations ; nausea ; vomiting.

“ *Abdomen*.—Painful hard spot in the region of the pylorus ; ulcerative pain in the abdomen ; ulcerative pain in the whole abdomen.

"Urinary organs, &c.—The urine has a bad smell; turbid, fetid, brown urine; profuse discharge of dark blood; discharge of acrid-smelling, bloody, corrosive ichor; corrosive, yellow, foul-smelling leucorrhœa, with great debility.

"Chest.—Cough, with expectoration, &c.

"Back.—Ulcerative pains in the lumbar vertebræ, or as if the flesh were beaten off the bones, &c.

"Extremities.—Deadness of the fingers, which grow pale and insensible; throbbing as from a boil in the legs; œdematous swelling of both feet, &c."

Here, I think, is sufficient proof of the fact required, namely, that in order to sustain the law of homœopathy in regard to Creosote, it ought, when taken in poisonous doses by a healthy person, to produce a "dyscrasia," a tendency to decomposition in the fluids, and to disorganization in the solids of the body. It is very evident, that if the symptoms above recorded had been carried further, the result would have been a complete breaking up of the constitution, and death from suppurations, ulcerations, and gangrene. The picture of the diseases proposed to be cured by Creosote as a remedy, and that of the diseases produced by Creosote as a poison, could scarcely tally more closely.

The conclusion arrived at seems to be this: that, as *Cantharides* finds itself associated with *Cannabis* and *Oleumatis* in the possession of a sphere of action in which the urinary organs are chiefly concerned, though each has its distinctive features, so Creosote must be ranked with Arsenic and Ergot of Rye, as having great power over the constitution and condition of the entire solids and fluids of the body, though each is observed to act after its own peculiar fashion. The stomach is the organ most under the influence of Creosote.

VI. Dr. BERKELEY as well as Dr. GREENFIELD anticipated homœopaths in the ungracious treatment experienced by them from the medical profession.

This painful topic need not be enlarged upon, but it seems required by truth to observe, that the worthy bishop was no

exception to the general rule in this particular. "Nothing," says he, "is more difficult or disagreeable than to argue men out of their prejudices, I shall not therefore enter into controversies on this subject, but if men dispute and object, shall leave the decision to time and trial." (par. 68.) And again: "I have dwelt the longer on this head because some gentlemen of the faculty have thought fit to declare that tar-water must inflame, and that *they would never visit any patient in a fever who had been a drinker of it.*" (par. 75.)

HAHNEMANN ON THE TREATMENT OF CHRONIC LOCAL DISEASES AND OF PHTHISIS.

*(Communicated to the Homœopathic Congress held at Leipzig,
August 10th, 1830.)*

I DESIRE to testify my esteem for the respected meeting of the friends of homœopathy, by the communication of the following observations bearing on the practice of medicine, derived from my experience.

The difficulty of curing local maladies of long standing, having their seat in small parts of the body abounding in nervous texture, on which the vital force, especially when the psoric dyscrasia is present, seeks to throw its great internal disease, and by this local diversion of the morbid process to keep the general disease in abeyance, is often so great, that even the experienced practitioner frequently feels himself compelled to look upon them as incurable. The local maladies I allude to are such as, a chronic ophthalmia, difficulty of hearing or even complete deafness of long standing, an eroding eruption on the face that has lasted many years (sometimes termed cancer of the face), and so forth. The difficulty of curing such obstinate local diseases on portions of the body so indispensable to perfect life and health, is enhanced by the circumstance that they have generally been produced by bad allopathic treatment, by the repression of other psoric ailments, as ulcers, eruptions, local perspirations or pains, on less important portions of the body, by means of inunctions, astringent and desiccative external medicaments, fumigations, extirpation of encysted tumours or other abnormal growths,

and the like, whereby the vital force is compelled (for it never spontaneously throws the psoric affection *primarily* on such noble parts, in consequence of the practitioner not knowing how to remove the general disease, the psora, by means of the suitable internal remedies, is compelled, I say, to make a metastasis of the psoric affection upon nobler parts, such as the eyes, the organ of hearing, and so forth, that is to say, on delicate organs of small size, which cannot bear the transference of a great internal psoric affection, without progressive deterioration and destruction of their delicate organization.

When, in consequence of local external repressive treatment, such small organs abounding in nerves and bloodvessels have become psorically diseased, the allopath understands the baneful art of aggravating these, so to speak, newly formed local diseases, either by weakening the affected parts by means of fomentations, wet compresses, ointments, salves and oils, or by stimulating and irritating them with acrid local applications, or by increasing the flow of blood towards those parts, for his local, antipsoric abstractions of blood, by means of leeches, for example, applied to the neighbouring parts, have the effect of increasing the congestions.

Now if such injurious and inappropriate external treatments of such delicate organs be kept up for a length of time, accompanied, as is commonly the case, by a number of *'allaia, aliena*, that is to say, a quantity of active medicines that set up a perfectly *dissimilar* morbid action in the whole living organism, prescribed by this and the other may be very celebrated physician of the old school—in place of the true internal remedy for the psora which lies at the root of the disease—under a few years of such treatment there is certainly produced a state of morbid deterioration and destruction, which might without exaggeration be termed incurable;—and such is usually the hopeless state of the patient whom the allopathic physician magnanimously permits to apply to a homœopathic physician as a last resort. The whole organism is now not only psoric, as it was before, but it is besides affected with various medicinal diseases, and the local disease of the delicate eye, the ear, &c.,

has much increased, and exhibits nought but a tendency to get worse from day to day.

The first thing the homœopathic physician seeks to do is to improve the general state by means of an appropriate diet and regimen, and at the same time to cure the internal psora, which however is a difficult matter, after the previous allopathic mistreatment of the patient during several years with improper medicines, which, as I have stated, without doing any good, engraft upon the organism totally dissimilar morbid derangements, which, as unknown artificial maladies of a chronic character, cannot be overcome by any treatment, and can only be ameliorated, if even that, after a long time by the vital force alone; but in the meantime they stand greatly in the way of the cure of the original disease, the psora. But even supposing the vital force should succeed in removing these artificial diseases sooner than could have been anticipated, and supposing the homœopathic practitioner were to hit upon the appropriate antipsoric medicines, and to employ them properly according to our doctrine, so that the general state of the patient left almost nothing to be desired, still the old local disease that is confined to the small spot makes little or no improvement. The old eye affection remains as it was,—the deafness does not yield,—the deeply eroding facial eruption undergoes no improvement,—but on the contrary spreads still farther.

In these local chronic diseases (which I only adduce by way of example, in place of many other local diseases of noble organs), the energy of the vital force seems to be much depressed and its activity almost extinguished. How then could the antipsoric medicine, be it ever so well chosen, effect a cure in these chronically diseased parts, so deficient in vital force, seeing that it is impossible a cure can take place without a powerful reaction of the vital force against the impressions of the homœopathic medicinal agent?

Moreover, these diseased organs are much too small, to serve so long as the recipients of the internal psoric disease (that has increased in virulence during the allopathic mistreatment) for which they were used by the vital force in its endeavours to relieve itself, without being still further destroyed, and the very

best art can only succeed, in such allopathically injured cases, after the lapse of some considerable time, in eradicating the psoric miasm at all. The general organism can, in such cases, under good internal antipsoric treatment, be approximated to perfect health, and still these small chronically affected and deeply implicated parts remain almost as diseased as before.

Now, in order to be able to render service even in such excessively difficult cases, we require, besides internal medicinal treatment, to make use of two other procedures.

In the first place, we endeavour to put a less important, pretty large cutaneous surface, say the skin of the back, in such circumstances that it will become disposed to furnish an extensive surface for the localization of the still existing internal psoric affection of the vital force. The production of itching eruptions is the most natural mode by which the natural force of the organism prefers to keep in abeyance the internal psora-dyscrasia; immediately after the inoculation with itch, by means of a primary contagious exanthema; but after it has been suppressed by external appliances, by means of secondary, usually non-contagious exanthemata.

Now in order to diminish the morbid projection of the psoric affection upon the smaller and nobler organs, and to procure for this effort of the vital force to keep the internal dyscrasia in abeyance a more extensive surface on which it may expend its virulence, we must apply to the back something that shall at once check the cutaneous transpiration and at the same time be slightly irritant. This may be accomplished by means of a plaster composed of six parts of Burgundy pitch to one of turpentine mixed together over a charcoal fire, spread upon soft chamois-leather, and applied warm by a uniform close pressure to the skin. It usually happens that a fine rash, accompanied by considerable itching, is soon produced thereby on the surface of the back. If in the course of time the itching should become excessive, the plaster may be removed for a few days, but then again applied and continued. When this artificially produced psoric affection of a large extent of skin is in full operation, we shall observe a great diminution in the morbid state of the small, noble organ, and the local disease will thereby be rendered more curable by the internal antipsoric medicine.

In addition to the procedure just described, the second rule I have to give for expediting the cure of such chronic inveterate local diseases is to sustain and invigorate the vital energy in these small diseased organs, which has been gradually sinking. This is to be done by means of the sole agent capable of locally communicating vital force, I allude to the local employment of mesmerism. Every day, or every other day, a suitable person very well disposed towards the patient is to bring the thumb of his clenched hand, or, if a more powerful effect is wished, the conjoined finger-points of one hand, very close to the part that has been diseased for so many years, for one or two minutes, exercising all the energy of his will. During this operation the patient usually experiences the sensation of an agreeable current of air in the diseased spot. (Breathing strongly on the part also assists in obtaining the desired effect.)

Both of these procedures together, combined with the employment of the appropriate internal antipsoric remedy and an improved regimen, will effect what the two latter would never be able to do alone in such profound injuries of small noble organs.

One other observation, my esteemed colleagues, I would communicate to you. Experience has demonstrated to me that *ulcerative pulmonary phthisis*, which is usually regarded as incurable, and is so very rarely cured, generally consists of an almost unbroken succession of single short attacks of acute catarrh of a psoric nature, hence the action of the antipsoric medicine suitable at the time it is given is exhausted in a period of time corresponding to each acute catarrhal attack, that is to say in a very short space of time, and on that account cannot for the present be of any further service. Therefore, as soon as one of the appropriate antipsoric medicines ceases to do good to the patient, which, in far advanced cases of phthisis, happens after it has acted a few days, a second one, next to it in suitability, must be administered; and this is best done by means of a moderate momentary olfaction of a globule the size of a mustard-seed moistened with the appropriate antipsoric in the decillionth potency, and so on.

Hopelessly dangerous as these diseases seem to be, still by

this method they are capable of cure, both because there are several antipsoric medicines capable of exciting acute catarrh homœopathically, and because after a few intermediate remedies the same antipsoric medicine may again be given by means of olfaction with almost an equally good effect. It was in consequence of expecting, as practitioners have hitherto done, a long duration of action from the antipsoric medicine in this chronic disease, consisting of nothing but acute catarrhal attacks, that it has been found so incurable.

A diet from which kitchen salt is entirely and vegetable acids almost entirely excluded, hastens the cure; and if we can succeed in producing an itching eruption on the back by means of a plaster similar to that described above, and thus directing the morbid vital power to a more innocuous and extensive surface for exhausting itself upon, we shall succeed all the more easily in attaining our laudable object, especially if the patient's disposition can be kept at the same time hopeful, cheerful and tranquil, consequently free from irritation, grief and anxiety.

Finally, I wish that every homœopath, who desires to shew himself worthy of his high mission, and to enjoy the blessing flowing from the faithful practice of this only true system of medicine, will ever avoid disgracing himself by the admixture of any allopathic modes of treatment, but will practise our divine art in all its purity and integrity, paying the greatest possible attention to all discoverable morbid signs, employing the most genuine homœopathic medicines, and these always in the decillionth potentized dilution, and in the smallest dose of one, two, or at most three, finest globules moistened therewith, and that he never presume to attempt a cure in a shorter time by means of larger doses or by a more rapid change of the medicines, thereby injuring both the patient and his own fair fame, and committing an error which he can never repair by any subsequent repentance.

He who follows my precepts most faithfully will be dearest to my heart, he will thereby do honour to himself and be rendered happy by a consciousness of having acted rightly.

SAMUEL HAHNEMANN.

Köthen, 5th August, 1830.

[The above paper, which escaped the notice of the editor of Hahnemann's Lesser Writings, we think sufficiently interesting to merit insertion in our pages, more especially at the present time, when the acknowledgment of the propriety of adopting other than homœopathic appliances in certain rare and altogether exceptional cases, has caused a considerable degree of excitement among certain of our colleagues, *Hahnemanno Hahnemanniores*. It is true that in the last edition of the *Organon*, published in 1833, Hahnemann formally retracts the advice here given respecting the application of the Burgundy pitch-plaster, for which he assigns three reasons, 1st, that it has seldom proved of service, 2nd, that it has served the half-and-half homœopaths as an excuse for adopting other allopathic measures, and 3rd, that since he gave the advice (in 1830) the system had been so much more perfected that it was now no longer required. The first reason is repeated in the last edition of the *Chronic Diseases* (1835), and it is there stated generally that a secondary psoric eruption occurring in the course of a chronic psoric disease is of no use, a statement directly at variance with numerous cases cited by Hahnemann himself in proof of the truth of the psora-theory, from p. 23 to p. 40 of the 1st vol. of the *Chr. Krank.* (we would direct attention to cases 1, 3, 5, 6, 8, 9, 16, 35, 39, 54, 58, 60, 61, 72, 74, 80, 81, 87, 89, all instances of the good effects on the internal disease of the occurrence of a secondary so-called psoric eruption); in this edition of the *Chronic Diseases* he also admits the occasional efficacy of the artificial eruption caused by the application of irritants to the skin in certain chronic diseases, especially phthisis, and at p. 40 he cites a very remarkable case of a most serious disease removed by the artificial production of an eruption on the skin by means of irritants. The third reason he gives, viz., that homœopathy has become so perfect that we no longer require to resort to this means, is not very satisfactory, as we know that no great improvements and very few new medicines were introduced into homœopathic practice betwixt 1830 and 1833. The second reason is probably the one that weighed most with Hahnemann. Hahnemann most likely regretted having introduced anything that appeared to imply a

want of confidence in the all-sufficiency of homœopathy, and took an early opportunity of retracting what he had said on the subject, lest it should serve as an excuse for lazy or half-instructed practitioners making a monstrous combination of the new and the old systems. In like manner the employment of electricity, which in the first edition of his *Chronic Diseases* he had counselled to be used in chronic diseases accompanied by partial paralysis, he discouraged and forbade in the last edition, for these reasons, 1st, that his disciples did not employ that agent as weakly as he desired it should be done, 2nd, that it had the appearance of enantiopathic treatment, and 3rd, that the same object could be attained by the local application of cold water, which he asserts is a homœopathic agent—though it is somewhat inconsistent with his principles, as laid down in the *Organon*, to advise the local application of homœopathic remedies to the affected part. If then the question be asked, Did Hahnemann occasionally make use of other than homœopathic medicinal agents in the treatment of disease? we must reply in the affirmative. From his own writings we learn that in 1830 he advised the use of counter-irritant plasters. In 1828 he counselled the employment of electric shocks in paralysis. He used warm-water enemata in constipation (*Ch. Kr.*, i, 175). He frequently employed animal magnetism as an auxiliary, and recommended the local therapeutic application of cold water. Further on it will be seen that he occasionally had recourse to the hemospasic apparatus of Dr. Junod. In these instances the departure from pure homœopathic medicinal treatment has reference to cases of ordinary diseases; his acknowledgment (*Org.* lxvii, note) of the necessity of resorting to very different remedial means in cases of asphyxia, poisoning, &c., need scarcely be adverted to. Our object in alluding at all to Hahnemann's adoption in exceptional cases of other than homœopathic medicinal means, is not because we think that he can be justly charged with inconsistency for so doing, on the contrary, we consider this to be a striking proof of his sterling common sense and freedom from the trammels of a bigoted sectarianism, but our main object is to reassure the minds of some zealous but timid souls among our colleagues, who seem to

regard any acknowledgment of the advisability in certain rare cases of resorting to other agents than homœopathic globules as a heresy against Hahnemann, and a dire portent of the impending ruin of the homœopathic system.—EDS.]

HOMŒOPATHIC CLINICAL STUDIES.*

[ON the 7th January, 1850, an additional small hospital for the treatment of patients on the homœopathic principle, was opened in Vienna (in the suburb of Leopoldstadt), under the medical direction of Dr. Wurmb, assisted by Dr. Caspar, who have published the results of their experience during the year 1850 in a small work bearing the above title. We deem this of so much importance to homœopathy that we propose in this and the following numbers to furnish the readers of this journal with a complete abstract of its contents, comprising indeed a literal translation of many parts which cannot well bear abridgment. It is only necessary to premise that the hospital contains 40 beds, and is under the same rules of management as Dr. Fleischmann's excellent hospital, the service as regards nurses being performed by the same Society of Sisters of Mercy.]

INTRODUCTION.

“Every great discovery brings in its train a number of errors and false indications; it has always been so hitherto, and so will it ever be. Nor has homœopathy escaped this lot. It was impossible for the immortal founder of it to bestow on it completeness from the beginning. Hahnemann indeed was obliged—after exposing and rejecting the worthless physiological and pathological speculations current in his day—to adopt for his method the lowest ground, viz., the purely symptomatic, and assert ‘that the totality of the symptoms was for the physician the chief, nay, the only thing which he had to recognize in a given case, and to remove by his art.’ (*Organon* § vii.) Our master could not leave the symptomatic

* Homöopathisch-klinische Studien, von Dr. Franz Wurmb und Dr. Hugo Caspar. Wien. 1852.

ground ; for in those days, when medical men worshipped the idol of the Brunonian theory, or that of the natural philosophy, there was no other which gave for his system greater security against the dangers of empty speculations. This necessity of the times to which Hahnemann was forced to bow, no longer exists for us. We cannot indeed entirely give up the symptomatic ground as yet, for we require it ; nevertheless it is for us no longer the sole requisite, but only a harbour of refuge into which we are at times driven by necessity, when we are unable to find our way in the open sea of rationalism, and are therefore forced to cast anchor in the harbour of empiricism. In Hahnemann's time the symptomatic plan was the only one practicable ; but for us to hold exclusively to it would be a disgrace. As far as is possible, therefore, we steer under the flag of the Homoion for that point which has been made known to us by the physiological and anatomical researches of modern times. We do not indeed belong to the party of those ultras who look with contempt on the whole array of subjective symptoms, and pretend to discover the whole morbid process by means of the scalpel, the test-tube, or the microscope. We know very well that there are many diseases in which can be discovered no material change ; and that the so-called diagnostic school has been of no or at most of negative service to therapeutics ; but we know also the many and valuable results already yielded by it. The diagnostic school has the same object in regard to natural diseases which homœopathy has in regard to artificial, *i. e.*, medicinal diseases. The former strives after a rational physiological pathology ; the latter after a rational physiological *materia medica*. Both investigations are equally important and necessary ; both have the same point of departure, *viz.*, the physiological, and—inasmuch as there is no real boundary line between natural and artificial diseases—both have the same question to solve.

“ No such correspondence can be found between physiological pathology and the allopathic *materia medica* ; for the latter is not physiological, but mystical : it bears to the former more the relation of night to day, darkness to light, or falsehood to truth.

“Pathology and *materia medica*—knowledge of the thing to be cured and of the agent of cure—form the foundation of therapeutics; they must therefore be united; and if this is not possible, then it is plain there is an end of therapeutics.”

He then goes on to say that with respect to the old school therapeutics it is acknowledged on all hands, that that has fallen into contempt in the direct ratio of the successful cultivation of pathological anatomy, and it is a noteworthy fact that the most earnest and diligent enquirers in the latter department are the greatest sceptics in the power of drugs and medication of all kinds; hence we have the striking and paradoxical declaration of Dietl, that “medicine has nothing to do with the result of therapeutics,”* in other words, medicine is pathology only, and this is to be cultivated as a mere dilettante branch of natural history, without any ulterior views as to any benefit to the sick likely to flow from its study. A disheartening view truly, and one that would make the study of disease the most useless branch of natural-historical knowledge.

“From what has been said, the necessity of a union of physiological pathology and physiological *materia medica* is plain, but it is not yet shewn in what manner and under what conditions this can take place. The answer to this question might also be given by theory, but it is given certainly in a more convincing manner by experience. It is as follows: physiological pathology and physiological *materia medica* can only unite under the banner of the *Homoion*. It is by means of the *Homoion* alone that the science of disease (pathology) becomes a science of the thing to be cured, the *materia medica* a doctrine of the curative agents, and therapeutics a doctrine of cure in the proper sense of the word.

“In the foregoing remarks we believe we have distinctly set forth the point of view from which we would wish our scientific endeavours to be judged. We have in truth set before ourselves a mark which we can only approach more or less nearly but never quite reach, and therefore our attainments must fall short of our desires; yet we do not on that account fear blame from any quarter, not even from those of our faith who still

* See Dietl's *Klinik der Gehirnkrankheiten*, p. 12.

stand up for the exclusive employment of the pure symptomatic treatment." * * *

The diseases to be more fully treated of are acute and chronic catarrh, inflammation of the lungs, typhus, intermittent fever, and acute rheumatism.

The following table shews the entire number of patients treated at the hospital during the year 1850.

Name of the disease.	Admitted.	Cured.	Improved.	Transferred.	Died.	Remaining.	Remarks.
Bright's disease.....	2		2				
Catarrh, acute, of bowels....	39	39					
" " of eyes.....	1	1					
" " of larynx....	5	5					
" " of lungs	67	67					
" " of nose and frontal sinus }	1	1					
" chronic, of lungs ..	14		10		2	2	{ One of these died of supervening pneumo- nia.
Chlorosis	5	3	2				
Cholera, epidemic	15	12			2	1	
Degeneration of abdominal viscera }	1				1	1	
" of liver	7		5				
" " cancerous	1		1				
" of stomach ..	1		1				
" " cancerous	1		1				
" of womb, fibrous	1		1				
Dropsy, general	1				1		
" of abdomen	2		2				
" of chest	5		2		2	1	
" of skin	1	1					
Heart disease.....	4		3		1		
Hemorrhage from bowels .	1	1					
" from nose	1	1					
" from womb	3	3					
Inflammation of bowels	2	2					
" of brain.....	1	1					
" of cellular tissue	5	5					
" of eyes	1	1					
" of glands	5	5					
" of gums	1	1					
" of kidneys	1	1					
" of knee-joint ..	1	1					
" of lungs	19	19					
" of pleura	10	7	3				
" of testicles	2	2					
" of tongue	2	2					
" of tonsils	40	39				1	
" of veins.....	1					1	
" of womb	2	2					

Name of the disease.	Admitted.	Cured.	Improved.	Transferred.	Died.	Remaining.	Remarks.
Intermittent fever	106	94	11			1	
" " cachexy	4	3				1	
Jaundice	7	7					
Larynx, stricture of	1		1				
Liver, acute turn of action of	2	2					
Menses, deranged.....	87	84				3	
NERVOUS DISEASES.							
Epilepsy	1		1				
Headache	8	6	2				
Hysteria	3		3				
Spasms, general	1		1				
" of the bowels	2	2					
" of the stomach ..	8	7		1			
Paralysis	2	1				1	
Delirium tremens	2				2		
Old age	1				1		
Phthisis	41		23		13	5	{ Two of them died of supervening cholera. Death took place sud- denly without assign- able cause. The patient died of supervening cholera.
Rheumatism, acute	69	64			1	4	
" chronic	7	1	5		1		
Scrofula	3		3				
SKIN DISEASES, ACUTE.							
Erysipelas	10	10					
Measles	5	5					
Nettlerash	2	2					
Scarlatina	3				2	1	
Small-pox	17	12			3	2	{ One of these died of supervening cholera.
Varicella.....	1	1					
Zona	1	1					
SKIN DISEASES, CHRONIC.							
Eczema	1	1					
Furunculi	1	1					
Herpes	1	1					
Impetigo.....	3	3					
Itch.....	1	1					
Psoriasis.....	1	1					
Spine, irritation of.....	2		1		1		{ The patient died of supervening cholera.
Syphilis	2	2					
Tape worm	1		1				
Typhus fever.....	89	75			9	5	
Ulcer of leg	3	2		1			
Weakness	1	1					
Wounds	5	5					
Total	727	567	86	2	42	30	
Brought in dying	3						

Besides the above there were treated by Dr. Wurmb in a special ward 156 cases of cholera, of whom 98 recovered, and 58 died.

“In reference to the diseases to be treated of in the following essay, we have deemed it most essential to answer the following questions, viz.:—*a.* Can we cure these diseases homœopathically or not? What proofs have we that the cure that followed the exhibition of our medicines was not a natural recovery but a cure by art, and that the disease if left to nature would not have got well as surely and as quickly? *b.* With what medicines have we cured these diseases, and what reasons determined our choice of them? In reference to question *a.* this is one of the greatest importance, nay, even in regard to these diseases, it is a vital question for homœopathy as a matter of course, for unless answered in the affirmative those diseases are placed beyond the pale of homœopathic treatment, and its sphere is proportionally contracted.

“We look upon the results of the purely expectant plan of treatment as the only proper point of comparison from which may be measured the value of the homœopathic treatment; and on the other hand, that which is offered by allopathy we consider quite unserviceable, because it is not only useless but injurious; and cannot even bear comparison with the expectant method, far less with the homœopathic; consequently a comparison would lead us to an over estimate of the latter. The question, what can nature and what can homœopathy do? cannot it is plain be answered *a priori*, but only by clinical observation, therefore Hahnemann takes his stand upon experience alone. He says: ‘Repeat my experiments, but repeat them carefully and accurately, and you will find homœopathy confirmed at every step.’ We must honestly confess that not much has been done yet by homœopathists to settle the question of the limits of natural and medicinal cures; the answer to it has indeed only lately become possible, since the adherents of the diagnostic school have carried out the expectant plan on a large scale.” Our authors then explain, *in extenso*, the precautions they have taken to avoid coming to an incorrect conclusion in every individual case, before they pronounced an opinion that any result

was due to the treatment in general or to any medicine in particular, and not to nature alone. As a matter of course, the correctness of diagnosis is recognized as of paramount importance, and in this department they proclaim themselves as entire adherents of the physiological school, and in agreement with its principles have endeavoured to avail themselves of all the recent aids afforded by science in ascertaining the anatomico-physical, chemical, and micro-physiological phenomena of disease.

“In relation to the question *b*, it is understood, as a matter of course, that in the choice of the remedy we confined ourselves to the homœopathic principle; but as we differ from many of our colleagues in some respects in the diagnosis of the remedies, we think it right to make the following explanation.

“We are of opinion that the same principles are to be applied to medicinal as to natural diseases—there being in fact no real line of demarcation between them—and therefore medicines cannot be studied in their individual symptoms, or groups of symptoms, but must be comprehended as a whole; in short, we must strive after a rational diagnosis of the medicines as well as of diseases. It is true such a diagnosis can only be made with medicines of which we have a complete physiological proving; with these, however, it is indispensable, because rational therapeutics can only reach the length of the completed physiological experiments and their proper comprehension, and because an exclusive persistence in the purely symptomatic plan is no longer to be excused when a better one is possible, and one which offers the greatest attainable degree of certainty.

“With respect to the dose and mode of administration of the medicines, in order to avoid repetition, we may say here once for all: we have almost always used the 30th decimal dilution [15th Hahnemannian or centesimal], and only in exceptional cases have we ever given a lower or a higher dilution. For this reason we put the dilution after the name of the medicine only in those few cases in which any other than the 30th was employed. It is our intention to keep firmly to this dilution for a few years and then choose another dilution for an equal length of time, and after that another, and so on. Experiments of this kind are essential for the solution of the question of the dose,

but as is self-evident, they can only be made in such diseases as those in which the question, what nature can do and what art, has already been answered in favor of the latter. As this preliminary question has not been decided in not a few diseases, nay, in many has not even been asked yet, it follows that those homœopathists who imagine that the question of the dose can be decisively answered already, are justly chargeable with precipitation.

“As regards the repetition of the dose and the mode of exhibition, the following may be said: We give in acute diseases every two hours a dessert spoonful of a solution composed of three drops of the 80th dilution and 3 oz. of distilled water; in chronic cases we gave the medicine once or twice a day, and mostly in the form of powder; we very seldom used the globules and only in those cases in which the patient had a decided dislike to the powder or fluid form, or when swallowing was very difficult, as for example, in inflammation of the tongue, of the throat, &c. We shall not further allude to the form of administration, unless in cases in which the above was deviated from. In this respect also we intend to follow the same plan as for the dilution, viz., persevere with the above form and mode of administration for a few years, and then try a different one for an equal length of time. Thus we may accumulate a sufficient store of facts to decide the question of the repetition of the dose—a question which is at present far from susceptible of receiving a decisive answer, and, indeed, is one which can hardly be asked with propriety till that of the magnitude of the dose is settled.”

I.—DISEASES OF THE MUCOUS MEMBRANES OF THE RESPIRATORY ORGANS.

A. *Acute Catarrh.*

It is only that form of acute catarrh which appears as an independent disease that is to be treated of here. Of this, 73 cases were observed in 1850, and the greater part of them during spring and autumn, and the patients were chiefly young.

“It is quite well known that acute catarrh, especially in adults, is only quite exceptionally a dangerous disease, no matter

to what degree it may reach or what part of the mucous membrane are attacked ; but on the other hand, it is equally well known that allopathic treatment is powerless against it, so much so that it is quite a proverb, that a catarrh well treated lasts 40 days and a catarrh let alone lasts six weeks.

“No such reproach can be made to homœopathy, for by it acute catarrh can be cured usually in a few days instead of a few weeks, and hence this unimportant disease affords a very good opportunity of demonstrating that our apparently infinitely small doses, chosen according to the homœopathic principle, effect more than those of the old, coarse, and material medicine, or than the so much praised *vis medicatrix* can do when left to itself. During the year there were not a few patients who experienced a beneficial change in their symptoms almost immediately after swallowing the medicine, and who were cured of the catarrh in from three to five days, and were dismissed from the hospital on the 6th or at latest the 8th day. This short course of the case was not observed only in slight and recent cases, but also in some that had lasted some weeks before coming under our treatment, and were accompanied with so much fever and severe pectoral symptoms that inflammation of the lungs had been dreaded, and in some blood-letting had been had recourse to. The duration of the disease was not longer even in those cases in which not only was the whole mucous membrane of the respiratory organs affected, but also that of the stomach and bowels was sympathetically affected. In short, the disease seldom exceeded in duration the above number of days, and where this happened it was almost always easily shown that the catarrh was not a primary one but secondary, and depending on a tuberculous affection. There was one exception to this, viz., the catarrhs of chlorotic girls, which often required a much longer time to recover. * * *

“In the treatment of acute catarrh, as the morbid condition of the mucous membrane requires the chief attention, we must administer such medicines as stand in close homœopathic relation with the mucous membranes in general and those of the respiratory organs in particular. Their number is very great : we gave principally Nux, Pulsatilla, Bryonia, Aconite, and

Phosphorus. The more immediate indications for the choice of these remedies are as follows :

“*Nux.*—A glance at Hahnemann’s *Materia Medica* shows that *Nux vomica* acts upon the mucous membranes, and especially on those of the respiratory organs, particularly of the nose, larynx and larger bronchial tubes ; and also that it produces in them a state of irritation which is called catarrh when appearing as a natural disease. This justifies us in giving *nux* in catarrh, but is as yet very far from showing the exact form of the disease fitted to be cured by the remedy. However, by searching a little further in the register of symptoms, we soon come to the conclusion that the *Nux vomica* catarrh is usually not one of a very intense degree : hence fever is usually quite absent or occurs only in a moderate degree.

Further, the *Nux*-catarrh is distinguished from many others by the fact that in it the secretion of mucus is diminished or quite suppressed : and from this it follows that the cough is rough and either quite or chiefly dry ; there is, therefore, either no expectoration, or it is very scanty and detached with difficulty : auscultation generally gives no abnormal indication with the exception of a rough sharp murmur corresponding to the dry state of the mucous membrane. In the above we have already several useful, but as yet far from quite certain, indications for the choice of *nux* in catarrhs, because there are other medicines that produce very similar irritations of the respiratory mucous membrane. Nevertheless, it is not very difficult in most cases to fix with certainty on the distinguishing marks of the *Nux* in spite of this similarity to other medicines, because in addition to the catarrhal there are generally other symptoms present which demand attention in the choice of the remedy. There is, for example, the circumstance that the *nux* acts in so decided and remarkable a manner on the brain and spinal marrow and their nerves, and, in a word, on the whole higher system of nerves : this circumstance is of great importance, as it justifies the inference that it will be useful in diseases of the trachea and neighbouring parts, which may be reckoned among the tissues most rich in nerves. As therefore the *Nux* produces on the one hand an increased irritability, and on the other an

increased activity of the muscles, both voluntary and involuntary, it must be easy to understand why we consider the following accompanying symptoms as characteristic of the Nux-carrh: the paroxysms of coughing come on after slight exciting causes (trifling irritations); they are very troublesome, and their intensity is quite out of proportion to the degree of irritation of the mucous membrane, which, as before said, is not great; they last often a long time, and involve not only all the proper respiratory muscles but also those of neighbouring organs, and produce retching or even vomiting, &c. But even if these symptoms, taken in connection with the former, should still leave us in doubt, the symptoms of the digestive organs, which are seldom absent, will remove any hesitation about the administration of Nux."

Here follow two severe cases of carrh, though without much fever, in which the above symptoms were well marked, and in which Nux was the only medicine used. In the first case the patient felt better almost immediately after taking the medicine, and on the second day had no complaint to make, and on the fifth day was discharged cured. The second was almost equally striking.

"*Pulsatilla*.—A very great number of the *Pulsatilla* symptoms in Hahnemann's *Materia Medica* must be ascribed to the abnormal changes which this medicine produces in all the mucous membranes without exception. If we look closely at these symptoms, we soon observe that they fall naturally into groups, viz., 1st, into those which merely show that *Pulsatilla* produces in a general way a state of carrhal irritation, and 2nd, into those which give information on the special peculiarities of this carrh. For us it is plain that the latter class are the symptoms chiefly to be considered at present. To make them plainer the following remarks are offered. The *Pulsatilla* acts primarily on the blood, alters its composition, and assimilates to the so-called hydraemic state. Now as the serous crisis of the blood on the one hand is unfavourable to the development of a high degree of irritation, while on the other it powerfully aids the process of secretion and peculiarly modifies its products, it is easy to see why the *Pulsatilla*-carrh must have the following

characteristic peculiarities. The catarrhal irritation is moderate; the mucous membrane shows not a bright, but a dark red colour corresponding to the serous condition of the blood; the mucous membrane is greatly swelled and contains varicose distensions of the veins; the mucous secretion is increased; much watery mucus is expectorated with the cough, and usually without effort. All these symptoms, however, cannot reach to any important degree unless a considerable extent of the mucous membrane is affected, and when the smaller bronchial tubes are also involved; hence there may be heard on auscultation finer or coarser mucous râles, but at any rate in pretty equal bubbles.

“The assumption of the serous crasis easily explains why a violent primary excitement of the vascular system cannot take place in the *Pulsatilla*-catarrh. The fever is therefore either absent, or there are only slight, erethistic febrile movements, with predominance of chilliness and a quick but soft pulse, or there is a real but imperfectly developed fever wanting an important element, viz., the thirst, and also the heat is often absent except after a strong fit of coughing. At the same time this fever is always remittent, having its exacerbation in the evening and at night. The other symptoms are a nocturnal dry cough, which goes off on sitting up in bed, but returns on lying down; the cough often produces stoppage of breathing, and is attended with retching and actual vomiting.

“Such are the characteristics of the *Pulsatilla*-catarrh as taught by the hitherto unapproached proving of Hahnemann; and as similar catarrhs are very common, we used this medicine more frequently than any except *Aconite*.”

Here follow a couple of cases, well selected, showing the above characteristics, and which were treated with *Pulsatilla* alone, and cured within a few days.

“*Bryonia*.—Although the *Bryony* is not so often given in diseases of the mucous membranes as those of the serous tissues, it is nevertheless a very important medicine in the former class, as indeed its influence on the pathological state of these membranes must be a very extensive one, were it only for the fact of the great influence it has over the processes of secretion and absorption which take place to a great extent in those tissues.

“The results of physiological proving shows us that the Bryonia produces not a merely moderate, but for the most part a violent irritation of the mucous membrane of the respiratory organs. This circumstance is of great importance, not only on account of its justifying the conclusion that Bryonia deserves attention in grave degrees of catarrh, but also because it gives us a good landmark for the choice of the medicine. For experience teaches us on the one hand that the more severe forms of catarrh are almost always attended with sympathetic affection of the pleura inducing pleuritis; and it also teaches us on the other hand that shooting pains in the chest almost always yield quickly to Bryonia. We lay great weight also on the fact that the *secretion of mucus is diminished* in the Bryonia-catarrh, because on that depends a great part of the following symptoms, which are usually enumerated as the curative indications of Bryonia, and they are therefore easier kept in remembrance. These are: *hoarseness, a teasing cough*, especially morning and evening, which is generally *dry*, or with scanty tough mucus, difficult to detach and at times streaked with blood, and is sometimes from its violence accompanied with retching or actual vomiting. As true concomitant symptoms of the Bryonia cough are considered: shooting pain in the throat and chest, and pressive pains in the head. In very extensive catarrhs of more severe character, and more particularly when the finer bronchial tubes are implicated, and in consequence the sanguification interfered with, there arises a condition termed nervous, formerly where people fancied that one disease passed readily into another. In such cases Bryonia is very often indicated.”

Here follows a case where the patient, a woman æt. 30, besides low febrile and general symptoms, complained of frequent dry cough, with violent burning under the breast bone and in the throat, and shootings in the side of the chest and short ribs. Aconite was first given, and our authors remark in a parenthesis that it was a mistake not easy to excuse. Next day there was no change, and the day after all the symptoms were worse; Bryonia was then given, and on the following day all the symptoms had vanished except slight remains of the catarrh, and in two days more the patient was well.

“ *Aconite*.—The fever that accompanies acute catarrhs is very often similar to that which *Aconite* produces. If it becomes so violent that it throws into the shade the local affection, and thus requires the first attention, then the choice of the remedy cannot be doubtful for a moment, although the irritated condition of the mucous membrane itself does not call for the exhibition of *Aconite*.

“ In acute catarrh we have found no medicine so often as the *Aconite*, under the use of which the febrile symptoms generally ceased as early as the next day, and the catarrhal symptoms in no case lasted more than three or at most four to five days. It is scarcely necessary to remind the reader that that form of catarrh in which *Aconite* is the capital remedy is not one of severe degree, but can only be such in which the accessory phenomena are of more importance than the disease itself.

“ *Phosphorus*.—In severe acute catarrhs in dyscrasic and especially tuberculous subjects, the *Phosphorus* is the chief remedy. The more special indications for its choice will be dwelt on afterwards under the head of inflammation of the lungs.” Here follows a severe case in which *Phosphorus* was the remedy, and after it our author makes the following commentary: “ It is scarcely necessary to remind the reader that the catarrh in the case just related had reached so high a degree that it was only by the physical signs that it could be distinguished from pneumonia. Such catarrhs—called by the French authors *bronchitis capillaris*—occur frequently during the prevalence of influenza in an epidemic form, but seldom otherwise. They are usually accompanied by determination of blood to the head and chest; the strength fails; the sensorium is impeded in its action; the process of sanguification is imperfect, and cyanosis, especially of the face, not unfrequently takes place; the dyspnoea reaches a high degree; the patients are very restless and anxious, &c., and, in a word, the same array of symptoms make their appearance which correspond to those disturbances of the circulating and nervous systems that distinguish the *Phosphorus* disease.

“ The signification of catarrh is a very extensive one, and might be applied to an immense number of fundamentally dif-

ferent morbid states. The great extent of the mucous membranes, the importance of their functions, and their great susceptibility, &c., cause them to be sympathetically affected in almost all general and more violent local diseases. The same remark must also hold good in respect to medicinal diseases; hence it is plain why there is not one medicine in our whole materia medica which does not exhibit catarrh-like symptoms. Those especially selected by us are small in number: but we preferred them before others because they seemed the best indicated, not because we hold them to be absolute specifics—things which do not, and cannot exist.”

Here follows a well marked case of acute *laryngitis submucosa* in a girl of 17, which was cured rapidly by Belladonna, and the remaining aphonia removed by Carbo vegetabilis. Then two cases of laryngitis exsudatoria, which were treated with success in the usual manner with Aconite, Spongia and Belladonna.

B.—CHRONIC CATARRH AND EMPHYSEMA.

“The symptoms of the primary chronic catarrh when standing alone and free from complications, are so little troublesome and are thought so little of, that patients seldom go into hospital on their account alone. Nor is that form which is complicated with other diseases not directly dependent on it commonly the object of hospital treatment, for the patients generally desire to go out the moment the accidental disease is cured. Nobody stays in the hospital on account of the catarrh alone. Therefore it becomes the object of treatment in those cases alone in which it appears in conjunction with its consecutive diseases, among which emphysema takes the first place. For this reason we hold it proper to treat of both these forms of disease under one head, although they rest upon substantially different anatomical bases; we do this, also, because on the one hand every severe and more particularly every frequently recurring chronic catarrh generates emphysema, and on the other hand, when the latter is once formed, it produces a decided predisposition to the former. The number of these cases of chronic catarrh with emphysema which we treated was 14, viz. 10 men and 4 women. They were all past the age of 40, except one young woman of 25. In

them all the disease had existed for many years ; a few of them could accurately remember the commencement of it. In all of the cases we had to do with severe diseases ; and the same is true of emphysema as of chronic catarrh, namely, that as long as it is only moderate the patient neglects it, and does not seek medical aid till it has reached a high pitch and has produced important disturbances in the respiratory and circulating processes.

“ As to whether emphysema is curable in its earliest stages, we have had no opportunity of pronouncing from experience ; we know only that in its later stages there can be no longer any question as to the impossibility of obtaining a perfect cure, because the removal of the fundamental structural changes that produce it is unattainable. The mucous membranes, namely, are relaxed and thickened ; their secretion is altered both in quantity and quality, at one time increased, at another diminished, at one time watery, at another glassy, purulent, bloody, &c. ; the walls of the vesicles and even of the small bronchial tubes are distended and robbed of their elasticity ; the former are often quite destroyed, so that larger or smaller cavities are formed which are filled with mucus or stagnant air ; between the distended cells are found others, which become atrophic or are obliterated by the constant pressure. This condition of the parenchyma hinders the entrance of the blood as well as of the atmospheric air, and of the former more especially on this account, that the capillary vessels partake of the obliteration and atrophy that have befallen the cells. The lungs are therefore unable to admit the normal volume of blood ; this then becomes forced back on the heart, whence arise dilatation of the ventricles and obstructions of the circulation : from this follow : slow pulse ; congestion of blood in the parenchymata and capillary vessels ; engorgement ; cyanosis, &c. Thus if even from mechanical reasons a sinking of the vital energy of the vascular system is brought about, it must be so much the more increased by the failure of the process of sanguification, because on account of the abnormal condition of the blood the general nutrition can only be imperfect, and hence dropsical accumulations form in the cellular tissue and the cavities ;

general weakness, emaciation, &c., &c., if indeed some other intercurrent disease does not cut off the patient. Although a complete cure of emphysema remains thus beyond the reach of the medical art, the latter can often materially relieve the condition of the patient, by preventing the periodically recurring exacerbations, and by removing usually in a short space of time any existing one; or by curing any complications or combinations, &c. Thus we have seen the most violent difficulty of breathing and paroxysm of cough allayed often in an incredibly short time; the cyanosis diminished to a minimum; and the patients have been restored to a persistent degree of relative comfort such as they had not enjoyed for long. Moreover, these brilliant results have been attained not only in an individual case now and then, but in almost all cases, though they were all uniformly of a high degree of intensity. At the same time our confidence in the action of the homœopathic medicines became thereby so great, that at last we had no hesitation in promising a speedy amelioration as a never failing result, among others, to the no small astonishment, as they afterwards confessed, of several medical men who visited the hospital as enquirers, and who had hitherto been under the belief that in such cases there was nothing to be done but to stupify the unhappy patients with narcotics or to leave them to their fate.

“In the treatment of emphysema the chief indications are directed towards the relief of the obstructions of the circulation, and invigorating it so as to dissipate the stagnation of blood, and thus restore a degree of vital power of the parts approaching that of health: this is to be effected by raising the vital powers in general, and especially those of the circulation, and by increasing the activity of the less implicated parts of the lungs. For this purpose therefore those medicines are brought into play, according to the law of likeness, to which the property of depressing the vital energies belong, and among these we must particularly direct the attention to those which have a close relation to the sanguification process, and at the same time act decidedly on the mucous membrane of the smaller bronchiæ and the pulmonary cells. These medicines are *carbo vegetabilis* and more especially *arsenic*. Carbo is one of our chief me-

dicines for acting on the blood; its symptoms are almost nothing else than a combination of the symptoms of exhaustion of the vital powers and dissolution and decomposition of the organic tissues, wherefore it is often our only resource in those severe diseases in which organic motion and the vito-chemical processes are so deeply depressed, that even during life the laws of dead mechanics and chemistry begin partially to make themselves felt: it also stands in a very intimate relation with the respiratory mucous membrane, and in a word it fulfils all the above-mentioned conditions. Nevertheless, Carbo does not fall so often to be employed as we might expect from the above, because it is only indicated in the torpid form of chronic catarrh, viz. that which is characterized by a depression of the reaction of the organism, which happens to be a much less frequent form than the opposite, in which there is increase of the reaction of the organism. Nevertheless, whoever has the opportunity of treating cases belonging to the first group will not hesitate a moment in the choice of the medicine, for the indications are so plain that they are not to be overlooked or mistaken. In fact the cases reflect quite faithfully, not merely the general indications, but even the individual symptoms of this medicine.

“Arsenic is however much more frequently indicated, for chronic catarrh involves almost always the production of other than the original or essential symptoms. This might be, *a priori*, expected partly from the nature of the morbid process, and partly because the organ primarily affected is too important, and its sympathy with the rest of the body too close to admit of the rest of the organism remaining unaffected and playing its part either by sympathy or antagonism. It happens therefore, especially in vigorous individuals, (just as if the vital energies would strive against the disease,) that very violent sympathetic affections arise, which are not only troublesome in an extreme degree but even dangerous, and along with these there is always an aggravation of the disease or this occurs in consequence of them.”

(*To be continued.*)

CASE OF OBSTRUCTION OF THE COLON.

By CHARLES RANSFORD, M.D., F.R.C.S.E.

Miss —, æt. 50, placed herself under my care in July, 1852. She suffers at the time of the action of the bowels in this way:—after breakfast there is an urgent call to evacuate the bowels, and a quantity of loose, unformed *feces* is passed; after this there is still a strong desire to pass something more, in order fully to relieve the bowels. She is unable to do so, however, except after considerable and continuous pressure with the fingers upon the abdomen, and the feet in a raised position; it takes about twenty minutes to perform this second part of the evacuation which is generally *formed*, but not larger in diameter than an *ordinary earth-worm*. The action is not assisted by enemas; straining alone is not sufficient, but the obstruction is overcome by the kneading movement of the fingers chiefly. The seat of the obstruction seems to be at the commencement of the descending portion of the colon. When the bowels are the most irritated and relaxed, then is the obstruction the most difficult to overcome; the bowels become irritable and relaxed if fruit is taken, or by change of air, especially the sea. There is pain in the lower part of the back and limbs. There is no leucorrhœa, nor any symptoms of uterine disorder. The catamenia ceased five years ago; she also complains of frontal headache, continual nausea and vomiting, especially brought on by the East wind, and at spring and autumn.

My patient remembers at the age of 19 or 20, difficulties connected with the evacuations which subsequent experience has taught her to believe were at least the forerunner of disease; so that, if this be the case, she has been the subject of its effects for thirty years. For the first ten years the symptoms were not variable; they were chiefly a slight difficulty at the time of the action of the bowels, increased if the time were at all deferred; much flatulency when relief was obtained; uncomfortable and unnatural sensations when this was not the case. At this period the lady writes—"I may also speak of an irregular action of the stomach; I suppose it was indigestion; this was accompanied

by a bad circulation. One symptom, a distressing heat in the face; nevertheless, my health was tolerably good, better than in former years of my life.

“ On my return to England, in the year 1830 (I had passed some years on the Continent), a very decided change for the worse took place. I attributed this to the air of my own country not suiting me; I suffered from debility, headache, and pain in the back; but all this was nothing, it was the increased difficulty at the time of the action of the bowels which just now made decided progress; and when unable to attend at the moment to the daily call, but from any interruption deferred it, I was not able afterwards to obtain any relief, and the suffering which followed was indescribable—habit did not render it more tolerable. At this time I was disturbed every morning, about three o'clock, by acute pain between the stomach and bowels, not of long continuance; and it passed away in about a week. Nevertheless, the suffering in the bowels and in the back was very grievous. I was often obliged to lie at length on the carpet, not being able to bear an upright position. This suffering gradually subsided, but my health was most unsatisfactory; the action of the bowels continued to be protracted, and the result unnatural.”

In 1836 she had an attack of hæmorrhoids, which passed away, and has never returned. But the intestinal difficulty was on the increase, the obstacle distinctly in the bowel, high up on the left side; the fæces were *never formed*; and, although in this liquid state, were passed with the greatest difficulty; and after the effort had terminated, she was not unfrequently left in a wretched condition for the remainder of the day, this being always accompanied with insupportable drowsiness, which last symptom shows itself when the bowels fail to relieve themselves. In 1839 my patient applied to an eminent surgeon in London, whose decided opinion was, that there existed a stricture of very long standing high up, and another lower down in the bowel. She remained a few weeks under his care at three different times, from 1837 to 1839, but without any favorable change. By his advice, recourse was had to warm water enemata, which afforded a kind of relief. Sometimes they were used twice or

thrice daily, without which full relief was never obtained; the motions were *never* solid; but after ever so copious a discharge, she felt a sensation of something wanting to pass the tightening in the high region on the left side; and, to use her own language, "I would willingly have allowed a sharp knife to enter the side and cut asunder this elastic band." The action of the bowels generally occupied an hour, and sometimes even two hours. The lower part of the back and the limbs were painful; she could not walk with any degree of comfort; a horizontal position was the most easy. The hands were hot and feverish; the upper lip swollen; the whole body suffered. Her existence was a burden; but when it fortunately happened that she did obtain relief in the morning, she was not troubled a second time, all was sure to go on well; she was in good spirits, could walk and talk, and even try to forget the trial of the morrow. The surgeon under whose care she was wrote to say, that he could not further help her, and she was advised to consult another eminent metropolitan surgeon. She now submitted to the operation of the division of the sphincter muscle, as there was fistula and a fissure existing: relief, to a certain extent, was given by this operation. In a few months the bougie was tried; no favorable result followed;—but, on the contrary, erysipelas came on. It was represented to her, that if she could have borne this treatment, lasting benefit would have resulted. At this time a marked change took place; formerly she could take any ordinary food with impunity, but now, for the first time, anything of a laxative nature, such as fruit, seriously aggravated the evil; this continues to the present day. In 1842, by the advice of the same surgeon, aperient medicine was forced upon her; the result was extreme suffering. The bougie was again tried; erysipelas again followed. A second operation took place, with temporary relief.

In 1844 the same thing was repeated, but there was one sequence worthy of remark. After this last operation the bowels did not act for a week; when at length they did so the discharge was large and *formed*, but this did not occur a second time; no lasting benefit followed the operation, and in a short time the case was again abandoned, and the poor sufferer, fearing that

there remained no hope of obtaining relief from what is called *regular* treatment, applied to a surgeon who practised mesmerism. She remained under his care in the first instance about a fortnight, and the result was beyond her expectations: she passed two or three months in comparative comfort—the action of the bowels was not *always* so difficult, and the *fæces* were more *formed*.

As, however, the effects did not seem to be certain, she began to wish for a farther progress, and in 1850, after returning home from a short tour in a state of great suffering, she put herself under the care of Dr. —, an allopathic physician, who advised her to try galvanism. In three or four months the irritation in the bowels decreased; instead of acting twice or thrice each day, the action would only take place *once*, and sometimes even a day would intervene without any action; the *fæces* were larger and formed. The comfort she derived from this treatment was unspeakable, although it was not yet all that she could desire; and as her physician told her that he could do no more, she applied to me, hoping, in her own words, “to be brought on another point or two.” I at once told her that it gave me great pleasure to express my approbation of the last tried remedy—galvanism, and advised its continuance; and after maturely considering the case, determined to try a few remedies in conjunction with galvanism, which I requested might be more freely used. At the same time I did not hold out hopes of farther relief.

Lachesis, Pulsatilla, Nux vomica, Sulphur, Belladonna, were successively administered without any very encouraging results. After Pulsatilla there was less difficulty in the action of the bowels, but it was evident it was not *the* remedy. After Nux there was not the same sensation of want in the stomach, but diarrhœa supervened.

A careful consideration of Platinum induced me to prescribe *it*, and most happy has been the issue. She commenced taking three globules of the 6th dilution night and morning, and after the first dose experienced complete relief, such as she had not done for years. I saw my patient three days after the improvement had taken place, and desirous of fully testing the relative

merits of both agents, ordered the discontinuance of galvanism but the continuance of the Platinum. The relief continued in the most marked and satisfactory manner. The Platinum being discontinued at my request, but the galvanism resumed, she relapsed immediately to the same state as she was in before taking this remedy. The Platinum seems, therefore, for the present, to be essential to the continuance of the improvement.

During the early period of taking the Platinum, she was seized with inflammation of the conjunctiva, which obliged me to discontinue it for two days, (*qy.* was this the effect of Platinum?) and I resumed it, changing the dilution to the 80th, of which I gave one globule night and morning, with the same good results upon the bowels. One day she evacuated the bowels without there having been any solicitation so to do; although the motion was a tolerably natural one, there was pain and uneasiness in the colon more or less throughout the day. On the 30th of September she reports that the whole of the last week until yesterday she was perfectly well, and whilst continuing the Platinum had left off galvanism without bad effects: yesterday she inadvertently took cabbage, which was followed by a slight return of the irregular action of the bowels, and a week afterwards a similar result followed the taking of a very minute portion of apple tart.

Oct. 21.—Reports herself not quite so well after taking Plat. 80; and the galvanism having been discontinued, I ordered Plat. 6 and a repetition of galvanism, which has been attended with great benefit.

I should be tempted to make a few remarks upon the above important case, but think it better to defer them until another opportunity, because the case, although benefited in a most unexpected degree, cannot be considered as *cured*. She says, however, "I can speak of being quite well without suffering for two or three weeks successively; the discharge natural; the length of time during the evacuation not more than usual; the stomach less irritable. I go on from day to day with comfort, and can enjoy life." But the bowels occasionally, without any manifest cause, betray an irritable tendency, which is always accompanied by a difficulty in the contents of the intestinal

canal passing the diseased part. She is also still sensitive in an extraordinary degree to anything of an aperient nature, or to the influence of sea air. The future state of this lady I propose reporting in a subsequent paper: in the meantime I shall feel especially obliged by any communication from my professional brethren, who may be able to suggest any additional means for expediting the cure.

HAHNEMANN'S CORRESPONDENCE.

[Dr. Rummel, who is one of the few surviving disciples of Hahnemann who were admitted to the intimacy of our great master, has lately published in the *Allgemeine Homöopathische Zeitung* some letters addressed to him by the illustrious deceased, which, though not of any great importance of themselves, are eminently characteristic of the man, and let us into a more perfect knowledge of his inner nature and homely character than we can obtain from the more elaborate writings designed for the public eye. We do not hesitate to give them a place in our columns, as we are certain they will be read with pleasure by all true disciples of Hahnemann. Several of the letters that follow relate to a very interesting event in the career of Hahnemann. A number of his friends and admirers had resolved to present him with a portrait and medal of himself on the jubilee anniversary of his doctorate, and the difficulty was to get him to sit to the artists without letting him suspect their object. Dr. Rummel was entrusted with this delicate piece of diplomacy, and he succeeded by representing to him that the portraits hitherto published of him were very bad likenesses, and that a number of his admirers wished to have an engraving which should be a good and speaking likeness. If the picture from which the former engraving had been taken was a good likeness (which they knew it was not) a fresh engraving might be taken from it; but if not, it was stated that the funds for a new portrait had already been subscribed, and he was accordingly requested to give sittings to their artist. A similar story was invented in reference to the medal. An artist of the name of Schoppe, a celebrated portrait painter, was selected for the painting, and a young medallist, called Dietrich, was to execute the medal. With this explanation, we shall proceed to the letters of Hahnemann.]

I.

Dear Colleague,

Your united desire to possess a counterfeit of my face which shall be a better likeness than the copper-plate and lithographic engravings that have hitherto appeared, does honour to

your partiality towards me, and cannot be otherwise than flattering to me, but it cannot be fulfilled by your proposition—what you miss in the copy is absent also in the painting—sufficient *resemblance*. I am not indeed as vain as Alexander the conqueror of the world, *qui nec pingi, nisi ab Apelle, nec fingi volebat nisi a Praxitele*, but I have no desire to see another copy made of the unlike oil-painting. For in that case the public would be made to believe that my face must be just as the second copy shall represent it to be.

Should I live, and should some good portrait-painter come in my way, I would get my likeness taken, and that in a larger size than the last, as you desire; and if the engraver or lithographer would, before publishing his work, take a look at me himself, I believe a good likeness might be the result.

But should this not happen, then let us leave things as they are—let me only be handed down to posterity in the spiritual features of the inner man which are not indistinctly portrayed in what I have written. My vanity does not go beyond this. It will be very agreeable to me to receive your visit, only I beg of you to let me know when you will come, some little time beforehand.

The new number of the *Archiv* is just what I could wish. Your reply to Wedekind and Hentschel is in what I consider an appropriate style, not so mild, and, if I may be allowed the expression, so humble and deferential as are some of the older criticisms in the *Archiv*—but you say in a manly way to their face, and without sparing them, what they ought to hear from the men who are assured of the goodness of their cause!

Gross's commencement of the aggressive likewise gives me much pleasure; I have enjoyed it.

No more to day, as the post hour is come.

Yours sincerely,

SAM. HAHNEMANN.

Cöthen, 19th Feby. 1829.

II.

Cöthen, 2nd April, 1829.

Dear Colleague,

Young Dietrich has had two afternoon-sittings for the pur-

pose of modelling me, and the head seems to be getting very like. He is a clever and modest young man.

* * * *

You are such a good observer of yourself that you will pardon me for giving you some advice for the purpose of rendering your observations somewhat more certain and instructive.

“Much flatus,” oppressing the bowels? or discharged?—
“Griping in the abdomen. Griping before going to stool,”
pinching? cutting? pressing? &c., &c.—“Pimples on the face;”
with what sensation?—“Pain in the right knee;” what kind of
pain? when at rest, or when moving?—“Corrosion in the
gums;” was it itching or gnawing sensation?—“Heat in the
ears and ear-lobes;” in the external ear?

I beg you will take these corrections in good part. He who
can do much, of him will enough be expected!

In that respect those are better off who can do little or
nothing. With that you may console yourself.

Have you still many epidemic diseases in your neighbour-
hood? Does their treatment go on well? Intermittent fevers
are also met with in this place, but I see but few of them.
Bellad. and Antim. crudum II. were sufficient.

Yours sincerely,

SAM. HAHNEMANN.

You will oblige me if you will kindly send me when you have
an opportunity about a drachm of *regulus antimonii*. I must
have the metal among my medicines, and am not content with
the sulphuret and tartrate of antimony.

III.

Cöthen, 16th April, 1829.

Dear Colleague,

I thank you from my heart for your good and kindly-
meant wishes on the occurrence of the 75th anniversary of my
birth-day; may the supreme Being preserve you also in good
health for the benefit of our art, and of your dear family.

I have not got Ritter on syphilis and gonorrhœa, but would
like to read it.

The first attacks of the intermittent fever that at present

prevails in your neighbourhood, and throughout a great extent of the surrounding country, may certainly have a common epidemic exciting cause, may be of identical nature, and on their first appearance the homœopathic remedy adapted for the epidemic generally will usually afford rapid and certain aid; but when after many paroxysms they pass into the chronic state, it is certain that psora soon begins in most cases to play the chief part, and they then all pass into the psoric intermittent fever.

That a medical man engaged in active practice has not much time to search about in the *materia medica* is very true. How useful, then, will be a good alphabetical repertory once it is completed, which it would be if my collaborators would but apply themselves diligently to the work.

I know not if you have seen anything of my directions as to how to proceed with this work. Some days since I sent such a schema to Dr. Schweikert, with instructions, when he had made himself familiar with it, to send it on to Dr. Stapf, so that the latter might then communicate it to you. Whether it has got that length—whether Stapf has it yet, I know not; but I beg you, when you are acquainted with the idea, to devote a portion of your leisure time to this generally useful work, and to work up sulphur upon octavo-sized sheets, written upon one side only.

I am very much obliged to you for the *regulus antimonii*.

As regards the motto,* you are right in the main; I am quite open to be informed of a better one. In place of the former one I now send you one which you may perhaps think more suitable, and I send another besides in order that you may exercise a selection.

Dietrich's bust, every one says, is a perfect likeness. We cannot, however, reckon upon Schoppe. The high synedrium of the Berlin medical Satraps, in whose sight the obscure Cöthen doctor has not yet found favour, would never forgive him, were he to degrade his art so low. I beg to be kindly remembered to you and your wife.

Yours, most sincerely,

SAMUEL HAHNEMANN.

* Refers to a motto which he had sent for his picture, but which Rummel considered inappropriate.

IV.

Dear Colleague,

I thank you for having selected Schoppe. That eminent artist has been here for some days and has nearly finished my picture the size of life with hands, and has succeeded as completely as even you and my friends could wish. You will be delighted when you see it.

And what shall I say of Dr. Schmit, of Vienna? His appearance here was highly prized by me; our art has *much* to expect from him. He was with me for five evenings and afforded me rare pleasure, until Mr. Schoppe's business with me rendered it impossible for me to enjoy his society any longer.

My bust by Mr. Dietrich (an excellent young artist) is finished and is *very* like, as Mr. Schoppe himself, who has seen it, confesses.

Now I know that no wretched daub of me will be handed down to posterity, and I also know that my friends will not allow my spiritual man to be transmitted to posterity in the caricature that calumnious enemies have sought to draw of me in their writings.

I must beg you to inform Stapf of all this, and to thank him in my name for being so active as regards Count J—'s wishes. The letters he sent me to look at gave me much pleasure; I shall send them back to him by the earliest opportunity.

Yours, most sincerely,

SAM. HAHNEMANN.

Cöthen, 27th April, 1829.

V.

Dear Colleague,

You have anticipated me, for I should first have thanked you for the inexpressible trouble, labour and devotion that you, along with Stapf and the rest, must have expended upon my fête in order to celebrate it in such a magnificent manner. I especially observed you to be so busy and zealous that I shall never forget it. It was a splendid festival, that astonished and greatly moved me.

I beg you to take upon yourself with *dulce decus columenque rerum* the management of the little endowment capital which is

already a pretty good sum. A bountiful Providence seems to bestow a blessing on this honourable fund.

A rich private merchant in L——, Mr. C. B. Sch——, a patient of mine, asked leave, when he heard about it, also to contribute something towards it. Has he done so? If not, then I would suggest that you send to Dr. Franz a blank receipt from you without mentioning the sum, and the Doctor will go to him and put him in mind of his promise, and if he gives a sum, as he certainly will do, it may be inserted in your receipt and then given to him. I think, indeed, it would be well to have prepared a number of such receipts (it would be best to have them printed) in order to be able to give the donors this small remembrance of our acknowledgments.

When you have collected a couple of thousand thalers you will do well, if Mühlenbein approves, to invest it in Prussian Bonds which will produce an interest of 80 thalers a-year.

Do not be in too great a hurry with your work for the repertory; I am obliged to wait for others who have much more time to spare, and I must have everything collected together before I begin to arrange.

Things are with me very much as they are with you. Besides my ordinary business that constantly goes on, I have to write such a number of letters of thanks besides those I have already written, that I know not when I shall get time for anything.

But I shall soon be clear of all that, for I am quite active, and then I shall expect you (say, in a fortnight hence) and our Stapf, and I trust Gross also (and Franz?) on a long visit: for we have many things to say to one another.

When you write to Stapf, pray tell him, as he intended to write a complete account of the 10th August, that on that day the Natural History Society of the Osterland sent me a diploma of Honorary Member, accompanied by a courteous letter. (Piener's name was among the signatures!).

I regret that there was such a commotion the other day that I was unable to carry out my intention of having your ears mesmerised by Dr. Sigrist, who is said to possess great power in that way. I have been thinking over the matter, and consider

it may be of great importance for you. We shall say more about it when we meet.

I must now conclude for to-day.

Yours, most sincerely,

SAMUEL HAHNEMANN.

Cöthen, 24th August, 1829.

VI.

Dear Friend and Colleague,

Your kind visit on the 10th April must, on account of its shortness, be regarded more as a compliment to me than as a full visit. Ah, how much more we might and would have said to one another had we not been disturbed by strangers, and had you not been obliged to return so soon. In order to make up for this there is nothing for it but that I must have the pleasure of seeing you again soon, for a longer visit, and I will let you fix your own time, for any time will be agreeable to me.

Doubtless such a title as that of medical counsellor (Medicinal-rath) has now this advantage, that it enables the physician to obtain better fees; and it is particularly useful to the homœopath, as it serves to humiliate the enemies of his art; but even were it not so, it is advisable for the plain homœopathic doctor to attach so much value to his infinitely better mode of treatment, that even without any title he should demand larger fees;—at all events, he should make patients affected with chronic diseases pay (beforehand) a monthly honorarium, and take from poorer persons at each consultation (and dispensing of medicines) some payment (were it even only a few pence he should take payment at every visit—*accipe dum dolet.*) In this way only is it possible for the medical man never to go unremunerated, and it keeps him in good humour when he gets ready money for his trouble. Even these small fees, if they are paid at every visit and never neglected, accumulate unobservedly to a considerable sum, and the patient who pays every time scarcely misses them from his purse, because he only parts with them gradually; and when he is cured or leaves off before he ought to, we are done with him—he has no claim on us nor we on him, and he takes leave of us, if not with contentment and gratitude, at all events without unwillingness—the sums he has gradually parted with are

forgotten by him, and the doctor has what was justly his, and the money collects in the doctor's purse without any regret on the part of the patient. On the other other hand how disagreeable is it for the physician who has to send in his account at the last when the patient has quite forgotten his gradual recovery and the great trouble the doctor has had,—*ut fieri solet*. Since I have commenced my successful mode of treatment, I have never sent in a demand after the treatment was over, but always done as above stated. Whenever the payment at each visit of the poorer classes and the monthly payments of the richer ones shall be generally introduced and patients not know any other method of payment, then every one will bring his money with him as a matter of course, or will send it every month by the post, and then business will go on without grumbling. If the doctor himself is a good economist he may, if he is a skilful homœopath, be able to earn and lay by something.

When Gross was here last I put him up to this plan, and he cannot think enough of the good effect it has had on his practice during the last half-year; he has become quite another man.

I could convince you of all this much more effectually by word of mouth. He who does not know how to take payment for the assistance he dispenses, is unable to form a proper estimation of himself and of his art.

In his last letter written a few days ago, Stapf denies having got from you the article "on natural labour." This *varians lectio* no doubt is owing to the circumstance that he had forgotten to read it, and seeks to excuse himself. I should like to have it again, for others wish to see it. If you are writing to him beg him to mention in the *Archiv*, with especial commendation, the exemption of the Brunswick homœopathists from the necessity of prescribing from the apothecary's shop—as he told Gross of Jüterbogk—in order to induce others to follow this example.

Farewell till we meet again, which, I trust, will be soon, and believe me,

Yours, most sincerely,

SAM. HAHNEMANN,

Many kind regards from my family.

Cöthen, 19th May, 1831.

VII.*

Dear Friend and Colleague,

I perceive by your esteemed letter that you are a zealous disciple of our art and one from whom we may anticipate much good. But you are still deficient in the art of conducting yourself properly as a homœopathist, and adopting that line of conduct by which also you can maintain an agreeable mode of living.

I would much rather you had come here than written to me, for then I could have said to you more in a couple of hours than I could write to you in four-and-twenty, which moreover my enormous amount of occupation will not give me time to do.

You are much too timid, much too obsequious to your patients—like the allopaths who are glad if they can only keep their patients as their clients. It should not be so. If you are perfectly conversant with your art, you must command absolutely—not allow your patient to make conditions. He must obey you, not you him. To this end, in order that you may be perfectly free, you must limit your expenses (at first), in order that you may not experience want, even though but few patients should seek your advice. You will be able to cure those few patients all the better and more certainly if you devote the necessary care to their cases, and you will have time for study. For we homœopathists cannot go too deep into our art. But if we have made ourselves masters of it, then may, then must we indeed comport ourselves with dignity. In order to spare our precious time and to keep up our dignity, we must not pay visits to any patient with a chronic disease, were he even a prince, if he is able to come to us. We must only visit acute cases and such as are confined to bed. Those who are able to go about but will not come to your house for advice, may stay away—it must not be otherwise. Anything like running after patients, as the allopaths do, is degrading. You go to visit your patient, the servant-maid tells you he is not at home, he is at the theatre, has gone out for a drive, &c. Pah! You must go on to a second or a third like an allopath or a beggar. Fie on it!

* This is a letter addressed to the late Dr. Ehrhardt of Merseburg, which the family placed at Dr. Rummel's disposal.

Further, every time the patient comes to see you, you must make him pay you your fee for your trouble at once ; it may be one or two shillings only from poor people, from rich ones as many crowns. If you make that arrangement and every one knows of it, then every patient will always have his money with him ; and if he do not come again any more, he may stay away. If, however, he have not got the money with him, you may put off the consultation for an hour or two, so as to give him time to go for it, and bring you the remuneration for your trouble.

Money gives courage, even though it be not a large sum ; if I have got what is my due in my pocket, then I feel that I am not working for nothing, that I am not dependent on every one's favour, and fearful lest I may not be paid. How does Mr. ———, the privy councillor, pay you ? I imagine the greater part of your fees is on credit, and hereafter when you remind him of payment, you will get no very kind looks, some reproaches, and probably no payment. Under such circumstances it is impossible to be in good spirits. After the treatment is over he will have forgotten all the trouble you have had with him. The world is ungrateful ! Rich patients also should pay at each consultation immediately or once a month ; otherwise they might go away without paying. If you do not manage matters in this way then you will be worse off than the most abject wretch.

I said that you were timid. Running about paying visits takes away one's courage and makes one timid.

From timidity, for fear you should lose him, you have given Mr. ——— far too much medicine, and that far too frequently, thereby you do not improve him, you make him worse. *You will never succeed in retaining this patient.* He cannot be restored quickly, he must have patience for years to come, and that he will not have, worried, tormented, and rendered impatient as he has been by allopaths and apothecaries.

It is supposed that homœopathy can perform miracles, but it cannot do that, least of all where the patient is not quite a convert to our system, nor so conversant with it as to presume that beyond our art there is no cure for him. Entirely unacquainted as this gentleman is with our art, he will be unable to withstand the persuasions of his allopathic friends to give you

up and to allow himself to be done to death in some bathing place by doctors of the old school.

I tell you again, you will not be able to prevent this!

Even had he implicit confidence, which he has not, you would not be able to restore him in less than a year. So I advise you to get rid of him and not to take any more of such difficult cases among persons of rank, until you can assert your dignity and insure obedience to your absolute commands, which must be unquestioningly obeyed. So the gentleman wants to make it a condition that he shall drink wine and coffee! For God's sake! let him take himself off, he will do you no credit.

All my patients of rank affected with chronic diseases must have read the *Organon* and Bönninghausen's *Homœopathy*, otherwise I will not undertake their treatment.

Yours sincerely,

SAMUEL HAHNEMANN.

Cöthen, 24th August, 1829.

ON THE POISON OF THE NAJA TRIPUDIANS,
Commonly called the Cobra di Capello,

BY J. RUTHERFURD RUSSELL, M.D.

THE emphatic curse pronounced upon the serpent, 'on thy belly shalt thou go,' contains in its fulfilment the essential characteristic of the whole of that shunned and hated tribe of creation. The going upon the belly is accepted by naturalists as the fundamental distinctive peculiarity, not so much because in this mode of progression they differ from all other creatures, but that their whole development is regulated by this fact. It is for this reason that the skeleton is so unlike that of any other animal, consisting of a series of vertebræ of indefinite number, sometimes as many as three or four hundred, the surfaces of these bones being fitted into one another in the fashion of a ball and socket joint, thus giving the most perfect flexibility to the whole case, while to obviate the risk of dislocation strong lateral processes are developed to give attachment to muscles and ligaments which brace the central column. The ribs instead of serving the purpose of respiration as in the higher

animals are used as legs, and attached by a ball and socket joint to the transverse processes of the vertebræ which they equal in number. To protect the body and to facilitate the movements the surface of the serpent is covered with scales: these scales run in determinate directions, and their configuration and arrangement correspond to the internal skeleton; the scales of the trunk are disposed in lines parallel to the contour of the ribs, and being intimately connected with the extremities of these make-shift legs are conducive to locomotion. This line of scales is intersected by other lines at different angles, and thus the edges of the scales are formed. "The greater or less regularity," says Schlegel,* "in the form of these scales depends upon the respective direction of these lines; if these lines cross each other at right angles the scales will be of a square form; if on the contrary one of these lines be more inclined than the other to the axis of the trunk the scales will be rhomboidal, and will approach to the lanceolate or even the linear form, according as these lines are less or more divergent from each other. It happens almost always that these lines deviate from their original direction in curving themselves to form the middle range of plates below the animal; hence the form of the scales becomes more irregular as they recede from the back although they increase in size. It is uniformly on the anterior part of the trunk that these lines, particularly those passing backwards, are inclined to the axis of the body; *hence the form of the scales which cover this part of the body should be assumed as the type in descriptions.* Towards the tail and on that member the lines cross at almost a right angle, and these scales consequently become less irregular." We have been thus copious on the scales, as upon their peculiarities in form and arrangement the classification of serpents rests; and to enable any one who wishes to describe any particular member of this family, to do so in such a way that his description shall be immediately recognized and the individual identified by naturalists, he must make himself acquainted both with the general shedding of

* Essay on the Physiognomy of Serpents, by H. Schlegel. Translated by Thos. Stewart Traill, &c. &c. of Edinburgh. Edinburgh, 1843. This is considered the work of the highest authority on the subject.

scales as they envelope the trunk, but still more specifically with the larger scales or plates which protect the head, and in order to understand the arrangement and nomenclature of which it is necessary to know the anatomy of the cranium.

“ The osseous pieces comprising the walls of the cavity of the cranium are all firmly united and consist of the following : 1, the *sphenoid*, a pairless bone of a lengthened form occupying the base of the cranium and provided on each side in many serpents not venomous, especially in the boa, with a small protuberance or projection, which serves for the attachment of the internal pterygoid bone ; on the other hand, in venomous snakes properly so called, its posterior part is contracted to a crest, which is often prolonged backwards to form in conjunction with the inferior occipital that long hook analogous to the inferior spinous process of the vertebræ, and which presents a powerful lever acting as a point of insertion for the flexor muscle of the head. 2, The *parietal*, also a pairless bone, which chiefly determines the form of the posterior part of the head. 3, The *frontals* properly so called, bones always in pairs, which terminate the cranial cavity in front and descend in the orbits to unite with the sphenoid. 4, The *occipitals*, divided into inferior and superior, indented at the posterior part of the cranium and fortified by several protuberances, of which those surrounding the occipital foramen are the largest. The entrance to that cavity is protected above by an osseous plate like a scale salient and vaulted ; below projects the occipital condyle supported by a neck and composed of three pieces which become one by age, forming a single plane, sometimes in the form of a trefoil, sometimes of a heart. 5, We come finally to the *temporals*, all around imbedded between the occipitals and the parietals, and containing in their cavities the organ of hearing. The assemblage of the bones of the face are in the same plane with those which form the bony case of the true cranium ; and we shall now describe them. We observe first the anterior frontals, a pair of bones usually triangular, which determine the lateral portions of the face, and by their posterior portions assist in forming the anterior part of the orbit ; the inferior surface of this bone extends to the maxillary, with which it is

assimilated in the true venomous snakes ; its form and its direction vary exceedingly, according to the functions it has to perform. * * * Finally, the internal surface comprises the back part of the nasal cavity, of which, however, the principal part is formed by several bones attached by ligaments to the cranium, and allowing a certain degree of motion in a vertical direction. The pieces which form the base of the snout receive at this anterior end the inter-maxillary. They are, 1st, the vomer, composed of two symmetrical pieces united by their internal faces, broad and triangular before, and slender towards the extremity which unites them to the sphenoid ; 2nd, the nasals, almost always triangular, and with an anterior plate descending to form the septum which divides the nostrils,—they cover the nasal cavity ; 3rd, a small bone analogous to the turbinated bones." *

" The jaws consist of an *inter-maxillary* bone and two *maxillaries*. The *inter-maxillary* is a little bone placed transversely at the end of the snout rarely armed with teeth, the handle of which is lodged between the nasals and the vomer ; being in other points free, it follows the movement of these bones. The *maxillaries* equally free at their anterior extremity are united to the cranium through the medium of the anterior frontals ; their posterior extremity is bound to the external pterygoids. In more venomous serpents this bone is pretty long, horizontally placed, armed with a row of numerous teeth, and always united by a bridge more or less wide to the palatial bones or even to the internal pterygoids. In the poisonous snakes, on the contrary, it is reduced to a very short piece, and always smaller as the serpent is more poisonous. We observe in the venomous snakes this bone only supports the fangs, is articulated only to the anterior frontals, and is free in all the rest of its extent." The most remarkable thing about the lower jaw is that it is united by elastic ligament and not by bone in front, and each side consisting of several pieces the branches can be distended to admit the prey, which is often many times larger than the head of the captor.

The teeth of serpents do not serve any purpose of mastication,

* Schlegel, op. cit.

but are simply weapons to secure their prey, which they slowly swallow. Poisonous snakes have two hollow teeth, called fangs, which conduct the poison secreted by a neighbouring gland into the wound they inflict. When the serpent is in a state of inaction these fangs lie in a sheath, and when it strikes its prey they emerge from this covering like the claws of a cat, and the same muscular effort by which they unsheath their grooved and sharply pointed hook compresses the poison-bag which lies at its root, so that at the instant the wound is given, and the wound from the shape of the tooth is naturally deep, a quantity of poison is poured into it. The quantity is, I have no doubt, more considerable than is generally suspected; from some specimens of poison-bags in my possession I should think that they contained not less than half a drachm each; this would give a drachm for the two wounds. Besides what makes me believe that the quantity is considerable is, that I have found that several drops are required to kill a small animal, and that experiments prove that the poison-bag must be almost quite emptied at each bite, for if a second animal be exposed to a serpent that has just fatally wounded one, the effects are much less striking and frequently no effect at all follows.* It would seem from the following anecdote, related in "Johnson's Field Sports of the Native Indians," that the poison fangs and bags may be renewed after they have been extracted. "A boy about 16 years of age was teasing the animal (a snake) to make it bite him, which it actually did and to some purpose, for an hour after he died of the bite. The father was astonished and protested it could not be from the bite, and that the snake had no venomous teeth, and that he and the boy had often been bitten by it before without any bad effect. On examining the snake it was found that the former fangs were replaced by new ones, not then far out of the jaw but sufficient to kill the boy."†

While the mouth of the serpent is thus armed with deadly weapons of destruction, its head is protected with large scales or plates; and as the forms of these plates are taken as the most stable characteristics whereby to distinguish different species, it

* See a very curious book by Dr. H. O. Lenz, entitled *Schlangen-Kunde*, published at *Gotha*, 1832.

† Foot note, p. 209.

is necessary to give a full detail of their appearance, and in doing so we shall again draw from Schlegel. The plates of the true *coluber* being the most symmetrical in their disposition have been regarded as of a normal form; and all others appearing to be modelled on this type, it is easy to describe the numerous modifications which they undergo either by excess or default. The plates which invest the immovable parts of the cranium, as those on the top of the head, possess a movement either very limited or null. The skin which enters into their composition is very thin and most frequently glued to the cranium. A pairless plate is very generally observed on the summit of the head called the *vertical*, which may be said to present an immovable centre around which the other scaly plates are arranged; it is generally pentagonal, with the base towards the muzzle; it is sometimes very narrow, at other times very wide, according to the general form of the head; and it affects a triangular, hexagonal, or a lanceolate form, according to the nature of the surrounding plates. This plate is often followed by a pair termed the occipitals, plates of a somewhat trapezoid form, but very variable in the different species. They are always in contact at their inner edges, and they never exist without the occipital. The *superciliary* are a pair of plates placed at the sides of the vertical, and protecting the eye from above: they almost always run along the orbit, forming a vault very little movable, under which the globe of the eye can freely exercise its limited amount of motion. In form and extent they vary infinitely. Two pairs of plates, the anterior and posterior frontals, cover in the greatest number of serpents the upper part of the muzzle. Their form is in a great measure determined by the shape of the edges of the snout, so as to be very narrow in some and very broad in others. The *rostral* plate terminates the muzzle of all serpents, and varies with it in size; in form it is usually pentagonal. The *labials* protect the edges of the lips; they are most frequently disposed in a single row, sometimes, however, in two or three rows, or rather we find supernumerary plates inserted between the labial plates. In number, shape and arrangement these plates present great variety. In the upper jaw they generally increase towards the end of the muzzle, and

decrease in that direction in the lower jaw. The superior labials generally form the lower border of the eye. This organ has its lateral borders furnished with small plates denominated the *oculars*. Of these there is generally one anteriorly, and two to four posteriorly, according to the species; and in several serpents they are ranged all round the eye and are of a small size. The *nasal* plates occupy the sides of the muzzle, and touch the rostral plate at their anterior and edges. The nasals are commonly followed by another plate called the *frenal*, which extends to the anterior oculars. This plate is, however, absent in many snakes. The *temporal* plates exist only in conjunction with the occipitals and superior labials among which they are placed, and on which their number and form depend. As was previously stated, the border of the lower jaw is almost constantly furnished with plates, of which the central one is at the end of the muzzle corresponding to the rostral. The second pair are often prolonged below the chin to unite with one or two pairs of plates enclosed between the labials, and distinguished by the name of *mentals* or *gencials*. Although they vary much in size they are seldom absent; and their lower edge always forms that deep fissure which so materially contributes to the enlargement of that part of the skin, and which is known under the name of *gular fissure*. "A more extended terminology," adds Schlegel, from whose work the above account has been abridged, "to indicate these plates appears to me superfluous, and I shall conclude this section of the work by calling to recollection that it is easy to recognize them, provided attention be given to those terms which are invariably derived from the regions which the organs occupy; it is thus that many of these plates which extend between the labials and the first abdominal bands, and are often divided, bear the name of *gular* plates. The last abdominal plate, equally divided and covering the orifice of the anus, is termed the *anal* plate," &c. &c.

Dr. Traill adds, in a note, "as these distinctions, though long employed in Germany in the description of ophidians, are but little familiar to the English reader, the translator has introduced two figures, *A* and *B*, with references to the different plates mentioned in the text."

A.	B.
A. Vertical plate.	L. Nasal.
B. Occipital.	M. Marginal labials.
C. Superciliars.	N. Middle labial.
D. Temporals.	O. Accessory labials.
E. Posterior frontals.	P. Anterior gencials or mentals.
F. Anterior frontals.	Q. Posterior gencials.
G. Rostral.	R. Marginal labials.
H. Posterior oculars.	S. Gular scales.
I. Anterior oculars.	T. Gular scuta.
K. Frenal.	U. Abdominal scuta.

Having given sufficient anatomical details to render the specific characteristics of the different snakes intelligible to the reader, it remains only to give the scientific description of the individual which supplies the poison before recounting the narratives of the effects of the bite, as they are recorded in the works of the few writers who have paid attention to this hitherto much neglected field of natural history.

The two general divisions of ophidians are into the innocuous and the venomous. The venomous, with which alone we have any concern at present, are characterized by being provided with a murderous tooth or fang fixed on the maxillary bone, of which the size is so reduced that it rarely carries any other tooth than the fangs. This division naturally arranges itself into three groups or families: *first*, the *Colubriform venomous serpents*; *second*, the *Hydrophis* or *sea snakes*; *third*, the *venomous serpents properly so called*, comprehending among other genus the genus *Trigonocephalus*, of which the *Lachesis* is one species. So that we remark that the serpent which furnishes the poison we are engaged in investigating belongs not only to a separate species, but an entirely different group of ophidians from that which has hitherto been used in medicine.

The colubriform venomous serpents include all those venomous ophidians that resemble in their form the non-venomous

terrestrial serpents, to which they have usually a very striking likeness, and are often distinguishable from them by no external sign except the thickness of their muzzle. They have the trunk elongated; the tail short, massive, and conical; the eyes a little voluminous, and the pupil orbicular; the nostrils open and lateral. Their scales are large lozenge-shaped, and almost always smooth. Their head is invested with plates like those of the genus coluber; the nostril is sufficiently developed while the frenal is ordinarily wanting. The venomous apparatus is usually little developed, the maxillary bone is long and often armed with teeth placed behind the fangs, which last are short but strong and provided with a groove uniting the orifices; the lower jaw with its suspensory pieces is little developed. These ophidians inhabit the hot countries of both worlds; they are not found in Europe, and only form three genera, viz., *Elaps*, *Bungarus*, and *NAJA*. This last genus, with which alone we are at present interested, is distinguished by a more vigorous form than the *Elaps* or *Bungarus*; their trunk is not cylindrical but thickest towards the middle; their tail is more elongated and always conical; their abdomen wide and convex; their neck possesses in a greater or less degree the power of dilatation so as to form a disc; their head is very distinct from the trunk and often very conical; their eyes are large and lateral, so are the nostrils, which are open; the rostral plate is ordinarily prolonged on the top of the muzzle; the labial plate just before the last is often of an irregular shape; their scales are almost always lanceolated, and sometimes also carinated. The *Najas* inhabit hot countries in the vicinity of the tropics of the old world.

NAJA TRIPUDIANS.

After what we have said it will be at once understood that the name by which this snake often goes of *Coluber naja* must be relinquished. The word coluber is applied to a grand division of non-venomous serpents. The *Naja* is a genus of venomous serpents which resemble those of the coluber class, but of course are essentially distinct, as the possession and absence of poison is the generic distinction between the two. The word *Naja* denotes the genus, and the word *tripudians* the species; so that after this we shall always employ this name: and we

trust it may be generally adopted, for nothing tends so much to confusion as inaccurate nomenclature. Besides being called *cobra di capello*, or hooded snake, it is also called *spectacle snake*, from the appearance of having on spectacles, which is given by the inflation of the pouch so as to protrude round the eyes. It is very remarkable in its appearance, and so well known in India that there is little danger of any other being mistaken for it, even by those not specially acquainted with natural history. So that in all cases where the snake was distinctly seen and asserted to have been a *Naja tripudians*, we may be pretty safe if dangerous symptoms have followed its bite in assuming it to be the animal represented, and accept the case as illustrative of the action of the poison. The following are the specific characters given by Schlegel. "The neck is very dilatable. It attains a large size. 23 to 31 rows of scales. S. 187 + 47, brown, more or less deep, sometimes uniform, at other times varied by oblique and narrow bands. Tints very subject to variation. Found from Malabar to the Philippines. A climatal variety exists in Sumatra with dark colours; those of Java are almost black. The tail shorter and the mark in the neck is only seen in young individuals. Feeds on frogs."

One reason why it is so well known in India is that it is used by the famous Indian jugglers to perform their tricks. They catch the snakes, extract their poison bag, and teach them to dance to a pipe. The way they catch the snakes is curious; when they observe one they lay hold of it by the tail with their right hand, and draw it rapidly through their left hand till they can grasp it by the neck close by the head. This done it is in their power, and they proceed to extract the fangs with such expedition as habit and their general skill in dentistry enable them to use. They always pursue this somewhat dangerous game in pairs, and one man carries with him a smoking machine called *goor-goorie*, made of a cocoa nut, and earthen funnel containing fire balls. In this fire, which is perpetually burning, is laid an iron instrument like the prong of a table fork, curved and pointed so as to resemble the poison fang of the snake. When a man is bitten they put a tight ligature round the

wound and suck it till the blood appears, they then thrust their iron model of the two fangs, heated red hot, into the two orifices of the wound. In addition to this they drink spirits, in which they put *bang* (Cannab. Indica) or tobacco.*

We shall now give a pretty full detail of all the cases of poisoning by the bite of the Naja trip. in the human subject, and preface this with some experiments made by Dr. Patrick Russell upon dogs.

Exp. I, June 1787.—A dog bitten in the inside of the thigh by the comboo nagoo [a species of Naja] howled at first as if in much pain. After two or three minutes he lay down, and continued at intervals to moan and howl. After twenty minutes he rose and stood with difficulty, and was unable to walk; his whole frame seemed greatly disordered. He soon lay down again, and in a few minutes was seized with convulsions, in which he expired, twenty-seven minutes and a half after the bite.

Exp. II, July.—A large very stout dog was bitten by another variety of the coluber naja in the inside of the thigh. In a minute or two the thigh was drawn up, which in general is the first symptom of the poison having taken effect. He continued however nearly an hour walking on three legs, seemingly not otherwise disordered; he then laid himself along, showed great inquietude, but did not howl; purged once. About this time he became in an uncommon degree *convulsed about the head and throat*, and made several vain efforts to rise, both hinder legs being now paralytic. In this state he continued above an hour, and then expired, two hours and half a minute after the bite.

Exp. III.—A black bitch was bitten in the usual place of the thigh immediately after the dog in the former experiment. Showing no signs for an hour and a half of being affected she was bitten in the other thigh by a cobra which had been kept several days without biting. Though the snake bit fiercely no consequences were observed for almost two hours, after which I

* Johnston, op. cit., p. 231.

did not see her ; but in the third hour she became disordered in the usual manner, and expired in five hours after the second bite.

Exp. IV.—A strong dog bitten in the usual place did not appear to be disordered till after one hour, when he began to droop, but the legs were not affected. In twenty minutes more he howled a little, and both hinder legs were observed to have become paralytic ; from this time he grew gradually worse ; and after some slight convulsions he died, within an hour and forty-eight minutes from the bite.

Exp. VIII.—A large dog was bitten in the thigh by a *male nagoo* which had been only captive two days. He complained a good deal at the instant of the bite, and the leg was soon drawn up. In twenty-five minutes *he was seized with convulsions*, succeeded by a stupor, in which state he lay for ten minutes. The convulsions however returned, and he expired in a quarter of an hour : fifty-six minutes from the bite.

Exp. IX, August.—A cobra di capello, which had lost his two longest fangs but retained two of the second order, was made to bite a very large stout dog. At first the dog complained loudly, though the thigh neither was drawn up nor for a quarter of an hour did any symptoms of poison appear. About this time breaking loose he was pursued, and after a chase of an hour and a half was brought back extremely heated and fatigued. After resting a quarter of an hour water was offered to him, *but he would not drink*, though he ate some morsels of bread thrown into the water. About a quarter of an hour after eating the bread he grew sick, vomited and began to howl, and showed much inquietude. After ten minutes he vomited a second time, and *became extremely outrageous* ; struggled to get loose, *snapped desperately* at the stake to which he was tied, and howled incessantly. After the second vomiting he lay down, and was much agitated about the belly and stomach : *the muscles of the face were also convulsed*. Being made to rise, he walked without any serious impediment from the hind legs. At

the end of the third hour he still continued *extremely ferocious*, in so much that it became necessary to tie his legs. From this time his howlings and strugglings grew gradually weaker, and the *convulsive motions of his face increased*, and in this state he lingered about an hour longer, and then expired. Nearly the circumference of half-a-crown was quite black round the bitten part. *The symptoms of rage attending on this case were in a degree what I had never observed before or have observed since.* The dog seemed quite furious, and gnawed the stake with incredible ferocity. (p. 551.)

It is impossible to read these cases without their suggesting the possible analogy between the poison of these snakes and that of hydrophobia; and in reference to this most important possibility we may bear in mind that some months ago a man bitten by a mad dog, and ill of hydrophobia in Italy, was attempted to be cured by the bite of some venomous snake, probably the common viper; and that, according to the newspaper report (for we are not aware of its having appeared in any scientific journal), there was a marked improvement for some time after the bites, although the termination was ultimately fatal, but the symptoms were entirely changed, so that the death was attributed to the bites of the snakes rather than to the original wound inflicted by the dog. How far this inference was just it is impossible for us to determine.

We shall now relate all the fully detailed examples of the effects on man of the bite of the *Naja tripudians* that we have been able to collect. The following two cases were communicated to Dr. Russell by Mr. Duffin in 1788.

CASE I.

“A Malabar woman was bitten in the small of the leg by a cobra di capello. I saw her about ten hours after the accident. She had lost her senses of seeing and feeling; and deglutition was so much impeded that hardly anything could be got to pass into the stomach. No other parts were vividly affected by spasms; but a torpor and listlessness pervaded the whole system, and from the moment of the bite had gradually increased.

With some difficulty I got her to swallow one Tanjore pill ; the wound was dilated and dressed with mercurial ointment. The pill producing no sensible operation a second was given at the distance of three hours, but like the former it had no effect. After waiting four hours longer a third pill was given, which operated gently by stool and produced a general moisture upon the skin. After this, that is about eighteen hours from the bite, she gradually recovered her feeling and her sight, and could swallow more freely. A pill was given every morning for the three succeeding days without occasioning any sensible operation, except a nausea and diaphoresis. She remained weakly eight or ten days, and then recovered without any other remedy.

CASE II.

A Dubash, belonging to Cornet Mc Grigor of the cavalry, was bitten in the toe by a snake, which from his description appeared to be the cobra di capello. A few drops of blood issued from the part, and he was sensible instantly of pain. When he came to me, about half-an-hour after the accident, the pain had advanced as high as the joint of his knee. I immediately prepared and gave him one of the snake pills as directed, and that no part of the prescription might be omitted the liver of a frog was applied to the wound. In the course of ten minutes after giving the first pill the pain had got to the top of his thigh and became much more severe. I then gave him two more pills, and ordered a bottle of Madeira to be warmed,—of this he drank about two cupfuls, and a part only remained on the stomach. The patient now complained of severe pains in his belly, which upon examination appeared tense and much swelled. A sense of tension or tightness spreading fast towards the heart, and respiration becoming extremely laborious, an attempt was made to make him take two pills more, but deglutition being impeded a part of them only reached the stomach and was immediately rejected. From this time the stricture of the œsophagus increased so much that nothing could be forced down the throat ; *he foamed at the mouth ; his eyes stood staring and fixed ;* his pulse and respiration became hardly perceptible ; and in short every vital motion seemed at a stand :

I applied spirits of hartshorn to his mouth and nostrils, by which in a few minutes a strong sneeze being excited, he immediately began to breathe and soon pronounced the word *better*. After he had recovered a little, he told me "he felt the pain descending retrograde in the same track in which it had risen," and expressed a strong desire to sleep. He slept for a quarter of an hour, and upon his awaking vomited plentifully. He had now recovered his senses and said he felt only a little pain in his foot, which at last descended to the toe, and in the course of two hours he was able to walk home, but did not recover the fatigue for some days.

CASE III.

A sepoy was bitten on the ankle by a large snake, believed to be a cobra di capello, and was brought to Captain Gander's house within a quarter of an hour after the accident. His jaws were locked, his eyes fixed, and very little sign of life remaining; four large punctures were visible on the ankle, to which eau de luce being applied the man gave marks of sensibility by drawing up his leg. Two bottles of Madeira wine were then made warm, and the jaws being forced open so as to introduce a funnel, almost the whole of the wine in the course of half an hour was poured down. The application of the eau de luce was continued constantly for three hours, till a whole bottle was expended. The patient was now totally without any sense of feeling whatever; and had it not been for a gentle heave of his breast every two or three minutes I should have thought him dead. He remained in this torpid state forty hours, and then began to show signs of returning life. It was twelve hours more before he recovered his speech, and he continued many days in a very languid state. He is now one of the stoutest men in my first grenadier company.

CASE IV.

In the beginning of June 1788, a Gentoo man, about 40 years of age, was bitten by a cobra di capello in the fleshy part between the thumb and the fore-finger. He was one whom I retained in my service for the purpose of procuring serpents, and also, as he was very adroit in handling them, for assisting

in my experiments. He met with the accident after sunset in attempting, at the request of some neighbours, to catch a cobra di capello just before discovered in one of the houses of the village. His usual caution seems to have deserted him, or, as he pretended, he missed his aim in the dark. The account he gave was that he felt instantly a sharp pain in the part bitten, which soon spread on the palm and upwards on the arm. He was sensible also of sickness at the stomach but did not vomit. In less than an hour the hand and wrist-bone considerably swelled, the pain extended nearer the shoulder, he was sensible of a confusion in his head, and a strong disposition to doze. From this time he himself was for several hours ignorant of what had passed; but from the report of those about him (so far as could be collected) he at times showed much inquietude without making any specific complaint; at other times he lay moaning and dozing. Towards midnight his disorder increased, startings about his throat were observed, his breathing became laborious, he could not speak articulately, and seemed not to perceive objects though his eyes were open. They had applied a poultice of herbs to his arm, and administered a secret antidote internally; besides which a Brahmin performed his functions; but finding he grew worse and worse, it was determined after midnight by the relations to acquaint me with what had happened. Between one and two in the morning I sent back the messenger with two doses of Tanjore medicine prepared in draughts. On their return they found the patient much better, he had recovered his senses, and finding that the messengers had omitted to inform me of his having already swallowed a medicine, he declined taking the draught, lest the two remedies should happen not to agree together. In the morning I found the hand and arm monstrously swelled, and I suspected the points round the punctures were livid; but the part of the poultice adhered so closely and had tinged the skin so deep a yellow that I could not absolutely determine. The man had perfectly recovered his senses, he had no fever; complained only of confusion of the head, of languor, and of pain in the arm. The parts about the punctures mortified first,

the gangrene then spread over the back and palm of the hand and part of the wrist, laying the tendons bare, and forming an ulcer of considerable extent; which, however, healed favourably under the usual treatment. He recovered his health in eight or ten days, but it was several months before he recovered the use of his hand.

CASE V.

Edward Horatio Gurling, aged 31, was brought to University College Hospital on the morning of Wednesday, Oct. 20, 1852. His occupation was that of a keeper at the gardens of the Zoological Society in Regent's-park: and the part of the collection placed under his special charge was that contained in the reptile-house. He had held this appointment for upwards of twelve months, and was fully conversant with his duties, and well aware of the caution required in their discharge.

Generally speaking, his habits appear to have been temperate, and his conduct rational, but he had occasionally of late been intoxicated. During the night previous to his admission, he had been drinking freely; and on presenting himself at the gardens in the morning he was observed to be partially intoxicated.

About 8 A.M., while engaged in his duties at the reptile-house, he commenced a series of rash familiarities with some of the venomous serpents. After removing an African cobra from its cage, and twirling it about his head, he replaced it without having received any injury, and took out an Indian cobra. This he also played with for some time with impunity, allowing it to crawl round his body beneath his waistcoat. Shortly afterwards, however, while he was holding the snake before his face, the creature made a dart at him, and inflicted a wound on the upper part of his nose. This occurred about 8.10 A.M.

For about twenty minutes after the receipt of the wound there appear to have been no striking symptoms apart from his agitation and alarm at the occurrence, and during this time he was able to walk and to talk without difficulty. After twenty minutes, however, he began to stagger in walking, and ceased to speak intelligibly. At the same time movements, apparently convulsive, of the mouth and of the limbs were observed. He

made no special complaint of pain or other sensation. As soon as a vehicle could be procured he was placed in it and brought to the hospital. During the transit he was observed to grow very rapidly worse. Up to the time of his admission no treatment had been adopted.

He was brought to the hospital at 8.45 A.M., and was seen almost immediately afterwards both by Dr. Burder and by his colleague, Mr. Gamgee. At this time he was unable to speak, and consciousness, as the sequel will show, was all but, possibly quite, abolished. He moaned, grasped his throat with some eagerness of action, tossed his head from side to side, and moved his arms and legs in an uneasy, restless manner, not apparently convulsive. When asked in a loud voice if he felt pain, he made no reply, nor gave any indication of intelligence beyond the action noted, of placing the fingers on the throat, and as he had already made this movement spontaneously, there was no certain evidence that he heard or understood the question put to him. He was unable to support himself in a sitting posture. His face generally was slightly livid, his eyes fixed, his pupils rather large, acting sluggishly to light. The skin was of natural temperature and moisture; pulse 120, regular in rhythm, but unequal in force, most of the beats, however, being tolerably full and strong.

On the upper part of the nose were a number of small punctured wounds, from one or more of which a small quantity of blood had flowed. The eyelids of the right eye, especially the upper, were swollen and livid, the lividity extending to the right side of the nose. The eyelids of the left eye were not thus affected. There appeared to be no swelling of the tongue.

These observations were made rapidly, as the patient lay upon a couch in the casualty room. He was immediately transferred to the ward, undressed, and placed in bed. The interval that elapsed between his being first seen and his being put to bed, though certainly not exceeding five minutes, witnessed a material change in his symptoms. The first accurate observation of his respiration was made just prior to his being lifted into bed. It was then 20 per minute, very shallow, without stertor, and free from any sound indicating laryngeal or tracheal obstruc-

tion. By this time, the movements of the extremities had entirely ceased, the lividity of the face had very markedly increased, a free perspiration had occurred over the surface generally, the pulse continued tolerably good.

As it was now evident that the man was rapidly dying from failure of the respiratory function, preparations were made, without delay, for the employment of artificial respiration. Probably within a minute after the man was in bed (namely, about ten minutes before nine), the apparatus was in readiness. By this time the natural respiration had ceased, and, but for the continuance of the pulse, the man might have been pronounced dead. The pulse at this moment—(*i. e.* after natural respiration had ceased, and before artificial respiration had been commenced)—was at the rate of 32 per minute, remarkably irregular both in rhythm and in force, some of the beats being strikingly full and bounding.

The bellows for artificial respiration were now brought into play, the nozzle of the instrument being introduced into the nostril, the pharynx closed by pressure upon the larynx, and the expulsion of the injected air being aided by firm rhythmical pressure upon the chest and abdomen.

Artificial respiration had been continued for exactly two minutes, when the pulse, being again counted, was found to number 70 per minute, and to be less irregular.

After a further interval, artificial respiration being suspended for a short time, in order to make arrangements for the application of galvanism, the pulse fell to 50. Artificial respiration being resumed, the pulse rose quickly to 70.

A galvanic current passed from the back of the neck to the abdomen was productive of no visible benefit. Nevertheless, it was continued during the greater part of the time that artificial respiration was being employed.

With this latter means we persevered for a period of fifty minutes, with the exception of two or three very short intermissions. The pulse, during almost the whole of this time, continued of fair power and volume, maintaining, however, its characters of irregularity and inequality. On two occasions it was counted at 104, on another at 72. At no time was there any

indication of a recovery of natural respiration ; yet there was a muscular movement perceptible almost throughout, namely, a clonic contraction of the sterno-mastoid muscles, very irregular in rhythm, palpable to the hand of the assistant who grasped the throat. It was felt till within about a quarter of an hour of the cessation of the pulse.

At forty minutes past 9 A.M. the pulse at the wrist ceased to be felt, and, the ear being applied to the chest, no sound was heard. All hope of recovery was now given up, and the use of remedies accordingly discontinued.

The skin, during the fifty minutes of artificial respiration, continued moist, and, for the most part, warm. Towards the close the temperature fell.

The lividity of the face continued during the whole time. No discoloration of other parts of the body was observed. There was no swelling of any part beyond the local swelling already described.

During the time that he was in the hospital there was no vomiting, nor any discharge, either from the bowels or from the bladder ; nor was there any evidence of such having occurred before admission.

After death, the wounds upon the nose, being more carefully examined, were found to present the following characters :—Immediately above the middle of the organ, on either side of its centre, was a horizontal row of small punctures ; on the left side four, (the three next the centre being, however, mere scratches,) on the right side two, larger than those on the left. Half an inch above these was another row of punctures, of somewhat greater size,—on the left side two, on the right side one, that on the right side being again the largest. A quarter of an inch higher still, on the right side of the nose, was the largest wound of all, transverse in direction (as were also such of the others as had any appreciable dimensions), measuring in diameter about a sixth of an inch, and in depth extending apparently through the substance of the true skin. From this wound a little blood was oozing ; the others were closed by coagula.

At 11:30 A.M., a thin bloody fluid was still exuding from the highest wound, none from the others ; there was no rigor mortis.

At fifteen minutes past noon, a patch of pale-blue mottling was observed over the lower part of the chest on the left side, irregular in shape, about four inches in diameter; bloody fluid still oozed from the highest wound.

At 2 P.M. this oozing continued, The discoloration of the skin had not extended on the fore part of the body. The back was not examined. Rigor mortis was now well marked in the hips and knees; scarcely at all in the upper extremities.

Post-mortem Examination.—The examination of the body was made thirty hours after death. Bloody fluid had continued to exude from the highest wound on the nose. From the mouth and nostrils a considerable quantity of frothy blood had issued. There was livid discoloration of the face, neck, and upper part of chest, also of the dependent parts generally, except at the points where the pressure of the body had fallen; here the skin was pale. There was no swelling of any part except the right eyelids, and these were less swollen than during life. Rigor mortis was strongly marked in the lower extremities; less so in the upper.

On dissecting the skin from the nose, it was found that the three highest punctures on the right side had penetrated into the cellular tissue, which was infiltrated with dark blood. In the immediate neighbourhood of these wounds was discovered a small vein, but it could not be determined whether or not this vein had been punctured.

Brain and Spinal Cord.—In these organs scarcely anything abnormal was discovered. There was little, if any, unnatural congestion, either of the nervous centres themselves, or of the meninges. The lateral ventricles of the brain were filled with transparent fluid. The spinal cord, in its lower part, was softer than usual; in its upper part, it was of natural consistence.

Lungs.—As the lungs lay *in situ*, they were observed to be less collapsed than usual. Being removed they were found to present a healthy appearance in the anterior portions, but in the posterior parts they were excessively gorged with blood, being almost black on section, and exuding copiously a blackish fluid mixed with some air. The air-tubes, large and small, throughout both lungs, were filled with a black frothy fluid, and the

lining membrane was generally stained of a very dark blackish colour.

The Larynx and Trachea presented no unusual appearance, excepting dark-coloured staining of the trachea near its lower end. There was no sign of mechanical obstruction anywhere.

Heart.—This organ was healthy in structure throughout. The left cavities were contracted and empty ; the right were filled with dark fluid blood, amongst which was a small quantity of very loose coagulum. There were no clots in the great vessels.

Alimentary Canal.—There was no swelling about the tongue or fauces ; the œsophagus was healthy ; the stomach presented patches of pale colour, alternating with patches of red, the latter formed by the aggregation of minute red spots. The intestines were natural.

The Liver was of dark colour externally, and darker than natural on section ; otherwise, the organ was healthy.

The Spleen was enormously congested, of very dark colour externally, and on section almost black ; the substance was very soft, and from it exuded abundantly very dark blood.

The Kidneys were of dark colour, both externally and internally, and the cut surfaces yielded, on pressure, dark-coloured blood ; otherwise the organs were healthy.

During the dissection, it was noticed that the body exhaled a peculiarly sour odour.

Dr. Burder mentions, that two hours and a-half after the man's death, an experiment was performed upon a mouse, by inoculating it with the blood that flowed from the wound. No effect was produced upon the animal.

In concluding the history of this case, Dr. Burder states, as a security for its trustworthiness, that his notes were put upon paper immediately after the patient's death, and that these have been since confirmed, and in some points amplified, by a comparison with notes taken during the progress of the case by his colleague, Mr. Gamgee. The statements relative to the man's condition before he was brought to the hospital rest upon the evidence of persons employed at the Gardens.

CASE VI.

The following case, quoted by Lenz from Latreille,* is more curious, as illustrating the habits of the time and people where it happened than as an example of the effects of the poison. "At the time that Dillon in the seventeenth century was on a visit at Cananer in Malabar, the private secretary of the prince was bitten by a hooded snake. The wounded man was brought to town, and along with him the snake well secured in a vessel. The prince was much distressed by the accident, made the Brahmins be sent for, who ordered the snake into their presence, and explained to it how important to the state was the life of the wounded statesman. They used both entreaties and threats. They clearly told the snake that if the wounded man died, he the snake should be burned in the same funeral pyle; but the snake was inflexible, and the secretary died of the wound. The prince was sore depressed; yet he reflected that perhaps the dead man had committed a deadly sin, and the anger of the Gods had overtaken him.† Upon which he had the vessel containing the snake carried out of the house and the reptile set free, and with much fervour and many profound obeisances apologised to it for what he had done."

For the following experiments, made by inserting the poison into a wound, we are indebted to Dr. Stokes of Stroud, to whom we must all feel under obligation, for having exposed himself to what might have been for all that he knew very serious danger. The result proves that a considerable quantity may be thus inserted without producing decided symptoms; and we trust that the courageous example set by Dr. Stokes will find many imitators, and that before long we may have such a body of proving as to enable us to turn this powerful agent to a useful account.‡

* *Histoire Generale des Voyages*, tom. 43, p. 41.

† When Paul had gathered a bundle of sticks, and laid them on the fire, there came a viper out of the heat and fastened on his hand. And when the barbarians saw the venomous beast hang on his hand, they said among themselves, No doubt this man is a murderer, and whom, though he hath escaped the sea, yet vengeance suffereth not to live.—The Acts of the Apostles, chap. xviii, v. 3, 4.

‡ I shall be happy to supply any one with the 1st decimal trituration: and

Proving of Naja tripudians.

Nov. 7th, 1852.—A. S., stout, robust male, 37 years of age, brown hair and eyes ; temperament bilio-sanguine and lymphatic ; has undergone an antipsoric treatment of two and a-half years.

Received a drop of the poison on the 7th Nov., and as it was mingled with a scruple at least of fine sac. lac., made a paste of this with about a dozen drops of filtered rain-water, and introduced on a clean vaccine point some of the poison thus prepared into three punctures made by a lancet on the front of left forearm ; also rubbed some minute portions of the sac. lac. hardened by the poison into one of the wounds : this was done at 9·30 A.M.

Indefinable sensation of all-overishness (sorte d'envahissement), with a lightness in the head (entreprise générale), slight, lasting perhaps half-an-hour.

11·15 A.M.—Slight aching in fourth and little finger of right hand, followed in a quarter of an hour by peculiar sensation as of thumbing (fouillement) in the middle of triceps, left arm.

12·30.—Again inoculated the forearm, and made a new wound in upper arm (left).

Fine tingling in legs and feet while standing.

Slight aching in the back part of thighs : afternoon.

Tired feel in the cervical and dorsal vertebræ, with the peculiar burning often attendant on exhaustion, all day.

Kind of burning pressure on a point at back of pharynx several hours this afternoon.

Pressive and drawing sensations on points in lower limbs and feet, several times.

Nov. 8, 2nd day.—Hard pressure on chest just above right nipple, afternoon.

3rd day.—Rheumatic drawing in left shoulder, morning.

10 A.M.—Inoculated thoroughly well a puncture in left upper arm with the poison paste, and felt immediately :

The same all-overishness as on Sunday, lasting half-an-hour.

by applying to Mr. Headland, Princes-street, Hanover-square, London, or to Mr. Brown, Castle-street, Edinburgh, and I believe also to Mr. Turner, Piccadilly, Manchester, some of the original substance may be obtained. I shall be glad to communicate with any one who undertakes experiments on this subject.

Dull shoots up occiput.

Very fine pricking in left eyebrow.

Is affected easily by a very little wine or alcoholic drink—during the week.

Sleep broken and disturbed—during the week.

Second Proving.

Nov. 8, 1852, 1st day.—Rosa, tall, robust, of full form, sanguine temperament, age 19, menses normal.

This morning the prover was inoculated in the right upper arm.

Complained of great aching all up the arm to the shoulder, all day.

Frontal headache present in the morning disappeared after inoculation.

Temper quicker than usual.

Face flushed in the evening and burning hot.

2nd day.—Throat dry on waking.

Face red on rising, and covered with hard knots like in erysipelas; this disappeared after washing.

Appeared at breakfast with the point of the nose decorated with small papules on a slightly inflamed base; nose sore in consequence.

5th day.—Cutting pains in nape of neck.

Temper good: very excitable and playful, oftener than common.

6th day.—Pimples going away from nose.

No more symptoms.

ON THE HOMŒOPATHIC TREATMENT OF BURNS,

*A Clinical Lecture delivered at the Hahnemann Hospital
School of Homœopathy,*

By A. HENRIQUES, M.D.

AMONGST the almost innumerable kinds of accidents to which man is exposed, there is none of more common occurrence than that well-known lesion which results from the action of caloric, that is sometimes communicated to the body directly by

solid substances in a state of combustion, and sometimes indirectly by means of heated metals or boiling liquids, and which is generally called Burns. This species of accident is always painful and sometimes dangerous; the degree of danger may be said to be in proportion to the intensity of caloric applied, the extent of surface affected, and the direction of its action—it requires prompt remedial aid to allay the intense suffering it occasions, and energetic means to combat its frequently direful consequences. As we have received several of these injuries into the Hospital, I propose to-night to relate the history of two cases in order to illustrate to you the homœopathic treatment of burns. Before I proceed, however, with these special cases, I am desirous of making some general observations, so that you will be prepared to give efficient aid under any emergency of this kind.

As the action of Caloric on the living organism may be more or less intense, and more or less prolonged, its effects will necessarily present every variety, or rather, every degree of Burns. Dupuytren in the fourth volume of his *Leçons Orales*, has very justly established six degrees—a classification that I think advisable to adopt, because it is extremely useful in enabling us to form an accurate prognosis.

The first degree occurs when a small quantity of caloric has been applied for a short space of time, which determines simply a greater or less degree of inflammation of the skin, and resembling much simple erysipelas.

In the second degree there is not only cutaneous irritation or augmented organic action, but there is also vesication or the formation of bladders more or less considerable, which resembles very much the action of blisters or very acute vesicular erysipelas.

The third degree is characterized by disorganization of the dermoid tissue, and its conversion into a hard, black, and dry slough.

In the fourth degree both the dermoid and subcutaneous tissues are completely disorganized.

The fifth degree comprises those only in which there is disorganization of the skin and all the subjacent tissues except the

osseous;—and in the sixth degree, there is carbonization of the osseous tissue as well as all the surrounding soft parts.

From the fact that caloric does not act with the same degree of intensity upon the whole burnt surface, you will readily understand that only the first degree can occur alone, and that you will meet two or more degrees in all other cases of burns. This is admirably illustrated in the application of moxas, where you will find, at the part where the moxa is immediately applied, the skin diseased and gangrenous; whilst you find around the edges of the slough simple inflammation, which gradually diminishes in forming concentric circles.

You are no doubt aware, gentlemen, that it is not solely on account of the local lesion that burns are dangerous—they are considered so principally in consequence of the violent re-actionary and constitutional disturbances they create, and this you will have no difficulty in comprehending, when you reflect upon the complicated organization, the important functions, and necessary relations of the dermoid system with the whole economy. The general character of this re-actionary disturbance is inflammatory, which usually affects the most important organs of life, such as the digestive—cerebral—spinal and pulmonary systems.

In general shortly after a burn, the pulse rises and the skin becomes hot; in fact, the patient is feverish, the tongue is also dry, and all the symptoms of an acute gastritis manifests itself by degrees.

This inflammation of the mucous membrane of the stomach sometimes occurs at the period of suppuration. The continuity of the skin with the mucous membrane sufficiently explains the reason why this organ is more frequently the focus of reaction.

The cerebral system is not unfrequently the seat of irritation after burns, in which cases you may have spasms, convulsions, and all the symptoms of acute inflammation of the brain.

Acute bronchitis has been observed to occur sometimes after burns; but it is worthy of recollection that this complication does not generally manifest itself till when suppuration has taken place.

A burn has been known to cause instantaneous death simply from the intensity of pain it occasions. Dupuytren states, that

he has seen several cases of the kind which occurred principally amongst children and nervous women—rarely in adults, and almost never in old people, upon which he makes the following remarks:—"Elle ne peut être attribué ni à l'inflammation, ni à une autre maladie que la brûlure aurait pu augmenter; c'est une mort par excès de douleur."

In all these cases of prompt death from burns, all the visceral organs have been found more or less in a state of congestion, with sanguineous effusions, as if apparently the blood had been driven, under the excessive stimulation of heat, from the periphery to the centre of the body.

The prognosis of burns is variable, according to the extent of the injury, the intensity of the heat applied, its seat, the age and condition of the patient: in general burns are far more dangerous in children than in adults. The danger to be apprehended from this species of injury are twofold:—

1st. Death, either from sympathetic inflammation of the internal organs, from excessive suppuration, or from intense pain.

2nd. *Functional lesions* from deformities,—thus loss of vision has occurred from abnormal adhesions; the head has been bound down to the sternum; the loss of the use of the arm from its adherence to the chest. Delpech has published the history of a case in which the thigh was perfectly useless in consequence of its adherence to the abdomen.

Death may occur from burns of every degree, either immediately or in a few hours after the accident. In those of the first and second degree, the danger does not cease till desiccation of the parts (cicatrisation) commences; but little or no difficulty usually results from these two degrees; it is generally in burns of the third and fourth degrees that the abnormal adhesions of parts occur.

From the foregoing considerations you will readily perceive that burns are not simple local lesions, and you will easily comprehend what are the indications upon which the treatment of burns ought to be based.

The first indication is to allay the intensity of pain—the second is to arrest the internal reactionary effects—and the third to prevent deformity.

The above indications are fulfilled in homœopathic therapeutics by external appliances and internal remedial agents. In burns or scalds of the first and second degrees, the most appropriate internal applications are—Arnica, Canthar., Urtica Urens—the injured parts are to be washed, first, with a lotion of ten drops of the mother tincture of either of the above-mentioned remedies, and half a pint of French pale brandy; after which, the whole affected surface must be well protected from the atmospheric air by thick layers of carded cotton.

When the epidermis is destroyed, as in burns of the third degree, the best mode of preventing suppuration and promoting the reproduction of the cutis is, by penciling the injured parts with arnicated collodion or kreosote and linseed-oil, in the proportion of ten drops of the mother tincture of the former, to half a pint of the latter; and the parts are afterwards to be well protected from the external air with thick layers of carded cotton, as in the former instances. In burns of the fourth, fifth, and sixth degrees, where there is considerable loss of substance, or mortification and sloughing, a warm linseed poultice, previously saturated with the tr. Crocus, or tr. Calendula, is the best application.

In order to remedy the constitutional disturbances, which always occur with more or less intensity and gravity, the best remedies are, in the first instance, Opium, Arnica, Coffea, or Carbo vegetabilis.

Opium is indicated principally in children, who frequently shew a disposition to convulsions and other spasmodic affections from the feelings of fright which this accident produces in the extreme nervous susceptibility natural to this age.

Arnica is useful in all cases and ages to allay the extreme sensibility of the whole body, the general restlessness and intense pain in the seat of the injury.

Coffea is necessary to promote sleep, and allay nervous excitement.

Carbo vegetabilis is peculiarly adapted to those extreme cases formerly alluded to in which the pain is so excessive as to threaten the complete extinction of life.

When excessive reaction takes place, and there is dry, burn-

ing heat of the skin, with thirst; head hot and painful; face red; pulse hard, frequent and contracted;—Aconite is the remedy indicated. Should suppuration take place, and the discharge of pus be so great as to impair the constitution, it will be necessary to administer Hepar Sulphuris, and China to combat its morbid effects. Causticum and Calcaria Carbonica may sometimes be indicated in such cases.

To favor the sloughing of eschars and promote healthy granulations and cicatrisation in the most severe cases of burns, either Arsenicum, Nitric acid, Lachesis, Rhus-t., or Secale Cornutum may be required, according to the totality of symptoms present in any given case.

In explaining to you the varieties of lesions which caloric produces, I stated that the second degree was characterized by the separation of the epidermis and the formation of blisters. It is important to bear in mind that, in removing the clothes from the injured parts, we must be careful not to tear away the epidermis, because it would greatly increase the sufferings of the patient from the exposure of the raw surface to the irritating influence of the atmospheric air; if the blisters are intact, it will be advisable simply to prick them with a fine needle, and allow the serum to escape, after which you will apply the remedies previously indicated.

The third and last indication of which we have to speak relates to the formation of abnormal adherences which burns frequently produce; this is a most important point in the treatment of these injuries, because they not only produce deformity, but also impede the free motion of the parts where they occur, and sometimes they prevent the exercise of an important function.

Do what you may, however, it will not always be in your power to prevent this most disagreeable and very unfortunate result—it is a natural consequence of the contractive force of the inodulary or cicatrising tissue. In order to avoid it, however, we ought constantly to watch with very great attention the process of cicatrisation, and so regulating it that the cicatrix may *have the same extent of surface as the original skin that has been destroyed*; and in preventing it from being formed by the drawing together of the edges of the surrounding skin, those

objects may generally be accomplished, 1st, by cauterising carefully with the Nitrate of Silver the too prominent granulations, or by graduated pressure with compresses and strips of adhesive plaister; 2nd, by an appropriate position of the member; 3rd, by a proper method of dressing the wound; 4th, by the use of fitting mechanical apparatuses; and 5th, by specific dynamic agents internally administered. Notwithstanding all these means, should we fail in preventing deformity, we may still have recourse to surgical operations, in order to correct all such abnormal adherences; but this topic forms a distinct branch of operative surgery, which I shall not now discuss, as it would require several special lectures to do justice to so highly-important a subject. I cannot, however, conclude my general remarks on the therapeutics of burns without indicating to you some of the dynamic agents which you will find most useful in promoting healthy cicatrisation.

1. When the process of cicatrisation is accompanied by excessive inflammatory action of the surrounding edges, either Arsenicum, Hepar Sulph., Mercurius, Nitric Acid, Phosphorus, Ruta, or Silicea, will be found useful, according to the particular indications of the special case.

2. When the granulations appear luxuriant or excessive, Alumina, Sepia, and Thuja are indicated.

3. When cicatrisation is interrupted by excessive suppuration, the most appropriate remedies are—Assofoetida, Causticum, Hepar, Mercurius, Pulsatilla, Rhus, Silicea, and Sepia.

4. When the ulcerated surface bleeds, the remedies most indicated are—Arnica, Arsenicum, Creosote, Crocus Sativa, Acid. Phosphoricum or Secale Cornut.

The first special case I shall call your attention to in illustration of the foregoing general principles, is that of Frederick Waymark, a healthy-looking child, $2\frac{1}{2}$ years old, who was received in the Hospital on the evening of the 17th January. This child on the previous day at 4 o'clock, p.m., scalded himself by upsetting a cup of tea on the chest: the mother states, that immediately after the accident, brandy was applied to the injured parts. On examination, the entire pectoral and abdomi-

nal surfaces were found denuded of the epidermoid tissue, and presented the appearance of a large superficial and suppurating ulcer, extending from the clavicle to the umbilicus; there was a great deal of restlessness and general irritability, without fever, however, nor was there any manifest distinctive constitutional disturbance, a circumstance that one would have expected from the tender age of the patient, and the extent of the injury; for be it remembered, that burns are always more dangerous the younger the patient is, and the greater the extent of surface injured. The injured parts were dressed with *Spermaceti* ointment, $\frac{3}{16}$ ths *Arn.* in twelve tea-spoonfuls of water, and one tea-spoonful every fourth hour. Milk diet, with dry toast.

18th.—He slept well this night; pain was evidently less from the more cheerful and animated appearance of the child; bowels have been regular, suppuration less; many parts of the wound appear perfectly dry and healing. Continue dressing of *Spermaceti* night and morning; same diet and medicine.

22nd.—From the 18th till this day, the patient continued to improve, when he was discharged perfectly cured.

Remarks.—Although the foregoing was a simple case of scald, which terminated favorably in a few days, it is worthy of remark that we must be always guarded in our prognosis even in such apparently trifling injuries; for burns are always tenfold more dangerous in children than in adults, owing to the preponderance of the nervous system in infancy; and, according to Sir A. Cooper, the danger that results from the effects of caloric depends as much on the extent of surface injured, as it does from the intensity and depth of the burn: he observes that a burn which, from its intensity disorganizes immediately the parts, may occur without danger to life if it be not a large surface affected, whilst a scald that merely raises the skin may prove fatal, if the injury should extend over a large surface. You will perceive, gentlemen, from the tender age of this patient, and the great extent of surface injured, that Frederick Waymark was not without danger; the cure of this case was unusually rapid—but it would no doubt be denied, by persons who are sceptical as to the efficiency of homœopathic remedial agents in modifying diseases—that the *Arnica* which was administered contributed in

any way to promote nature's reparative process. In our age scepticism is the reigning medical philosophy. Men who cannot divest themselves of previous errors, and train their minds into the belief of the truth of homœopathy, usually attribute the cures effected under homœopathic treatment to nature. Such an opinion is entirely the offspring of scepticism, and with sceptics reason must be silent. I believe that there are such things as remedial agents, and that when they are administered according to a fixed and natural law, they are capable of curing the diseases to which man is subject. Starting from these fundamental principles, when we see cures effected everywhere and at all times, under similar conditions, and according to the same law, reason is bound to accept the only legitimate conclusion that the remedy cured the disease. However inexplicable the fact may appear, the action of infinitesimal doses in curing appears marvellous only because their *modus operandi* cannot at present be satisfactorily explained ; and we must not wonder at this when we reflect how little we know concerning the *properties* and *states* of matter. To return, then, to the effects of Arnica, I believe that this remedy succeeded in accelerating the cure of this case, because experience constantly verifies its efficiency in all such morbid lesions ; and because, if nature had been left to herself, or if the allopathic mode of treatment had been adopted, (allowing that the patient did recover), ten to twenty days would have been necessary to effect the cure that was accomplished by homœopathy in five days. Hence this result cannot fail to impress you with the importance of the homœopathic system, and to convince you of its superiority. I do not mean to say that Homœopathy is all perfect, but it is certainly the quickest, the safest, the most pleasant, and the most economical method of cure.

The next case of burns I shall relate to you is that of Mary Ann Grainger, a thin and delicate-looking girl, ten years of age, of a nervous temperament, who entered the Hospital on 2nd April, for a scald from boiling water, which she got on the great toe of the left foot seven days previously. On examination, the injured surface was found covered with a hard, thick, and black-

looking crust the size of half-a-crown; the surrounding skin was very red, hot, and very painful to the touch; the whole cutaneous surface, from the seat of the injury to the groin, presented a shining erythematous appearance, and here and there were seen large patches of phlegmonous erysipelas; the limb was much swollen, and very tense; the mother stated that the limb began to assume this aspect the day after the accident; there was no febrile action; the tongue was clean; and, with the exception of a slight headache, some degree of burning pain in the leg and restlessness, this little patient did not appear to suffer much. She was ordered $\frac{1}{3}$ Belladonna, $\frac{1}{12}$ every second hour; and $\frac{1}{4}$ diet.

8rd.—On the following day the inflammatory action was evidently less; she slept during the night, and felt altogether better. Continue medicine and diet.

8th. From the third till this day, the tensive pain and shining redness of the skin appeared to diminish gradually, although we observed this morning that several large vesicles had formed around the ankle, indeed the whole limb presented a well-marked disposition to vesicate. The Belladonna was discontinued and Rhus was substituted, $\frac{5}{12}$, $\frac{1}{6}$ every four hours; and $\frac{1}{4}$ diet.

10th.—Continues much in the same state. Repeat medicine.

11th.—A red line marking the course of the lymphatic vessels is traceable from the foot to the groin; in every other respect continues in the same state. Repeat medicine.

13.—Scab has fallen off from the scalded surface; vesicles have burst and discharged a large quantity of serum; the whole series of lymphatic vessels and chain of glands from the foot to the groin are red and swollen, tender to the touch, and very painful, particularly about the middle of the calf of the leg, which presents a fluctuating feel, as if it contained matter, with *bluish patches* like ecchymosis on the foot, leg, and thigh; no fever; all the visceral functions act normally; and, with the exception of a feeling of pain and tension in the affected limb and restlessness, the patient does not complain of anything else.

Tr. Arsenici, $\frac{1}{3}$, $\frac{1}{12}$ every hour.

14th.—Swelling in the calf of the leg has burst this morn.

ing and discharged a large quantity of purulent matter, of a thick and yellowish appearance, and also very offensive.

Hepar Sulph., $\frac{5}{12}$, $\frac{1}{6}$ every four hours.

16th.—The abscess still discharges; the leg feels much relieved; does not appear so much inflamed.

Continue Hepar Sulph.

17th.—There is evidently another large abscess forming in the left groin; foot is still very painful, particularly the scalded surface. Silicea, $\frac{5}{12}$, $\frac{1}{12}$, a teaspoonful every four hours.

19th.—The abscess is sufficiently mature to be opened, but the child strongly objects to the operation.

Hepar Sulph., $\frac{6}{12}$; a tea-spoonful every third hour.

21st.—Abscess in the groin has burst spontaneously and discharged a very large quantity of thick purulent matter; no particular constitutional disturbances.

Silicea, $\frac{5}{12}$, $\frac{1}{12}$; a tea-spoonful every four hours; a child's half-diet.

24th.—Discharge of pus less; sleeps now perfectly well at nights; appetite is good; bowels rather confined.

Calcareo Carb., $\frac{3}{12}$, $\frac{1}{12}$; one tea-spoonful every four hours; same diet.

25th.—Numerous fistulous openings are observed in the foot, leg, and thigh; the abscess in the groin still discharges pus, but it is not so profuse. Continue medicine and diet.

27th.—Improving. Continue diet, but discontinue medicine.

29th.—Improving. Sulphur, $\frac{2}{100}$; dry on the tongue; same diet.

May 5th.—Improving; no medicine; same diet.

7th.—Several of the fistulous openings have spread into unhealthy-looking ulcers, two on the leg, and two on the thigh, which discharge a thin ichorous matter.

Hepar Sulph., $\frac{6}{6}$, $\frac{1}{4}$ every six hours; same diet.

8th.—Improving; ulcers better looking; discharge more healthy. Continue medicine and diet.

13th.—All traces of inflammation have disappeared; suppuration less; more healthy-looking, but rather indolent; general health improving.

Calcareæ Carb., $\frac{3}{12}$, $\frac{1}{2}$ every four hours; leg to be bandaged with a roller from the foot to the thigh.

15th.—Many of the fistulous openings have healed; the limb not so boggy; ulcers more healthy-looking.

Silicea, $\frac{3}{12}$, $\frac{1}{2}$ night and morning; continue diet.

18th.—Improving in every respect. Continue medicine and diet.

21st.—Little or no discharge; ulcers healthy-looking, and cicatrising so rapidly, that I expect in six or seven days that this patient will be discharged perfectly cured.

This is a highly-interesting case of burn of second degree, complicated with phlegmonous erysipelas. Of all the numerous complications of which burns are susceptible, the appearance of phlegmonous erysipelas is certainly one of the most dangerous; and when we reflect upon the history of this patient and the gravity of the affection, we must consider ourselves extremely fortunate in having succeeded in effecting so complete a cure in so short a period of time. The effects of caloric on the skin resemble very much the morbid appearance observed in erysipelas. In treating of erysipelas in my last lecture, I endeavoured to prove to you that the venous and lymphatic systems were the principal seats of this disease; the morbid phenomena observed in this case prove this identity of lesion also in burns—hence the remarkable resemblance between these two diseases, not only in the seat, but in their character and treatment. One of the most remarkable circumstances connected with this case is, that during the whole progress, although there was extensive and active phlegmonous erysipelas, inflammation of the whole chain of lymphatics and glands, with profuse suppuration, and numerous ulcers,—little or no febrile action manifested itself: this is rather unusual, and can be accounted for only by the mild homœopathic method of treatment, for in these local affections I am sure that a great deal of the constitutional reactionary effects observed in allopathic practice are produced by the heroic treatment of the old system. This patient entered the Hospital seven days after the accident; the scalded surface was then covered with a thick scab from which radiated deep erysipelatous blushes extending up to the groin, which was very much relieved by rest, diet, and a few

doses of Belladonna. In my previous lecture on erysipelas, I fully discussed the action of this valuable remedy, and pointed out to you its curative action in this species of inflammation; I shall not, therefore, repeat to-night what I then stated;—suffice it to say, that it had the desired effect, for it cured the phenomena which indicated its use; but on the 8th several large vesicles were found around the ankle; to combat this morbid condition Rhus was administered, which she continued taking till the 13th, when another and very different series of phenomena presented themselves—the scab on the original seat of the injury had fallen off, the cutaneous inflammation had subsided, the vesicles had given way and discharged a larger quantity of serum; but the morbid action was transmitted from the capillaries to the lymphatic vessels and glands, the whole series of lymphatic vessels and chain of glands from the foot to the groin were inflamed;—and there was observed a soft, fluctuating and very painful tumour situated about the middle of the calf of the leg, with patches of a bluish colour like ecchymosis on various parts of the diseased limb: Arsenicum was given. This is a most valuable remedy in all lymphatic and glandular affections, both acute and chronic, whether of syphilitic, cancerous, or scrofulous character. We must admit that there existed in this patient some latent morbid condition prior to the injury, otherwise it would be impossible to explain how it was that so trifling a scald could possibly produce such grievous consequences; in my opinion, this predisposing cause was scrofula, although she does not present the usual outward characteristics of a scrofulous subject; nevertheless, her mother is evidently of a lymphatic constitution. Be this as it may, Arsenic was indicated by the disorder of the lymphatic vessels and glands, the petechiæ, the tendency to suppuration, and the threatening state of cachexia. The principal remedies administered were—Hepar Sulph., and Silicea, Sulphur and Calcareæ carbonica, in alternation, which she continued taking, with occasional intermissions, from the 14th to this day, during which period a great quantity of purulent matter was discharged from two large abscesses—one situated on the calf of the leg, and the other in the groin,—these were allowed to open spontaneously, because the patient could not be

prevailed upon to submit to an incision. Calcaria, Sulphur, Hepar, and Silicea, like Arsenicum, act specifically on the glandular and lymphatic systems; hence their indications in this affection. Under the beneficial effects of the foregoing remedies this patient is now convalescent, and will be discharged in a few days perfectly cured. It is a fact of experience that all remedies have a marked affinity for one or other of the several component tissues of the organism, it behoves us, therefore, to pay attention to this fact; and in the study of the *materia medica* one of your principal objects should be, to learn the relative affinity of each remedy, for very frequently in practice you have no other guide to the selection of a remedy than this knowledge; thus, in prescribing Calcaria, Sulphur, Hepar and Silicea in this case, I was influenced rather by the anatomical than the symptomatic indications. I cannot, therefore, too strongly urge upon you the necessity of studying the *materia medica* in this point of view.

REVIEWS.

DIE KINDERKRANKHEITEN UND IHRE BEHANDLUNG NACH DEN PRINCIPIEN DES HOMÖOPATHISCHEN HEILSYSTEMS, von Dr. FRANZ HARTMANN. Leipzig, T. O. Weigel, 1852.

THE DISEASES OF CHILDREN AND THEIR TREATMENT ACCORDING TO THE PRINCIPLES OF THE HOMŒOPATHIC SYSTEM OF MEDICINE, by Dr. FRANCIS HARTMANN. Leipzig, T. O. Weigel, 1852.

DR. HARTMANN is so favourably known to the homœopathic profession of this country by his excellent treatise on the therapeutics of acute and chronic diseases, which has gone through two editions in Germany, and by its American translation is familiar to all homœopathic practitioners who speak the English tongue, that anything from his pen must excite an unusual amount of interest. To his own countrymen Dr. Hartmann is, if possible, still better known, for the excellent manner in which he has long edited the weekly *Homœopathic Gazette* of Leipzig, and for several well and carefully written essays on the pathogenetic and therapeutic powers of various medicines, some of

which he assisted to prove under the immediate superintendence of Hahnemann, whose intimacy he long enjoyed.

The present work, which is an attempt at a complete treatise on the diseases and rearing of children from the moment of their birth up to the period when childhood is lost in adolescence, exhibits all the carefulness and accuracy for which Dr. Hartmann's previous works are distinguished. It is not a domestic or popular work, but one well adapted as a handbook for the practitioner; and though we do not believe the time has yet arrived for the production of a systematic treatise on the homœopathic therapeutics of any large class of diseases, that shall be able to lay claim to anything like perfection, yet Dr. Hartmann's book is a fair and well arranged summary of our knowledge on the subject he writes upon, enriched by the results of his extensive experience during many years of active practice. Dr. Hartmann is now precluded from engaging so vigorously in practice as heretofore by the infirmities of age and disease, but his mind still retains its youthful energy and vigour, and his leisure time cannot be better spent than in imparting to his colleagues the fruits of his observations during a busy life, matured by reflection and tempered by an intimate acquaintance with the labours and experience of other homœopathists.

The book begins, after an introductory chapter, with a chapter on the general diagnostic signs to be attended to in the investigation of children's diseases. The next chapter treats at length of the dietetics of children, including some very sensible remarks upon the artificial feeding of infants, a subject of considerable difficulty occasionally. As a general rule, the author prefers rearing those children who have not the advantage of a mother's or wet-nurse's breast, upon boiled cow's milk which has been allowed to cool and from which the supernatant film has been skimmed off, at first sweetened with a little sugar, but the sugar gradually diminished until at last it may be entirely dispensed with; this should be administered lukewarm, by means of a bottle with artificial nipple made of sponge, which should be carefully washed after every time of using it. This diet, he says, is less apt to turn sour on their stomachs than milk mixed with water or any other thing; but it will not always agree, and

then we must carefully try some other kinds of food, such as milk and water, or an admixture of milk with thin oatmeal gruel, or yolk of egg with sugar, &c. After some pages on the physical education of children, we have a chapter entitled "general therapeutical observations on children's diseases." In this chapter a great number of useful practical remarks relative to the medicines chiefly of use in the case of children occur, of which we could not venture to give an abstract. We shall, therefore, only allude to a few points which appear to us new and important. *Rhubarb* is, according to Dr. Hartmann, a most useful medicine in some children's diseases; it is especially indicated when the child is extremely pale and whines, and the fingers, facial muscles and eyelids are in continual spasmodic motion; or when it twists and turns about, and cries without obvious cause; or when there is morbid irritation during teething. Rheum is also useful in material ailments of children having their origin in disturbance of the digestive organs, and coming on with various kinds of obvious abdominal affections, accompanying which there is often puffiness of the face, especially of the eyelids, with dilated pupils, half-asleep condition, and unconsciousness. The administration of Cod-liver oil is spoken highly of, in certain cases of scrofulous affections; the author thinks its efficacy depends on its containing iodine in small quantities, but this is not the opinion of most of the homœopathists in this country who advise its administration. The following statement, apropos of the therapeutic powers of Sulphur, will be novel to most of our readers, and deserves attention as coming from a physician of Dr. Hartmann's reputation. "I know," says he, "from multiplied experience, that encephalitis with threatening hydrocephalic symptoms underwent no change from the administration of any of the indicated medicines, but on the contrary went on its course unchecked and gave rise to apprehensions of the most unhappy termination, until I resorted to Sulphur, and dissolved one or two globules of the 30th dilution in a wineglassful of water, and gave the infant half a teaspoonful of this twice or thrice a day. Though no amelioration might be perceptible the first day, yet the disease was instantly brought to a stand, shewing the action of the medicine. The improvement then goes on rapidly, and the cure is completed by this medicine, or it pre-

pares the way for the beneficial action of other remedies which were employed in vain before the Sulphur was used. I have often succeeded in cutting short the disease by giving Sulphur immediately when the encephalic symptoms began to appear." He considers this power of Sulphur over this and other formidable diseases of infancy, to be owing to a psoric taint in the child, which can only be ascertained by a careful examination of the mother or nurse.

The non-medicinal auxiliaries Dr. H. deems to be essential in the treatment of children's diseases, are poultices, which may be made of oat, wheat, rye, or linseed-meal; the local applications of the steam of water or milk in sore throat, laryngitis, otitis, &c.; the rubbing in of warm oil in spasms of the bowels and bladder, and sometimes in rheumatism. In typhus fevers washing with vinegar is useful. In many children's diseases, it is almost indispensable to make use of lavements of warm water, milk, milk and syrup, soap water with linseed oil, and cold water. The disadvantage of allowing children's bowels to remain constipated is far greater than that occasioned by a resort to one or other of these methods of procuring a stool. Another expedient not mentioned by Dr. H., which we have found useful in procuring an evacuation, is the introduction through the anus of a small piece of tallow-candle, fat bacon, or soap smeared with oil, which will often have the desired effect, and is more simple than the lavement. Baths, general and local, are often necessary, and dry cupping in the epigastrium often relieves the anxiety and restlessness experienced before the breaking out of an acute exanthema. The following are the internal remedies that Dr. H. admits of during the homoeopathic treatment: marsh-mallow tea with or without liquorice, gruel, linseed tea, infusion of lime blossoms, and currant water; yolk of egg mixed with finely pounded sugar candy, or with a teaspoonful of almond oil and marsh-mallow juice; marsh-mallow juice itself; cherry, raspberry, and mulberry juice; gum arabic mucilage mixed with some fruit juice or with sugar; several kinds of fruit for opening the bowels, and dried bilberries for binding them.

The first division of the special therapeutic part of the book treats of the diseases of new-born infants and sucklings until

the appearance of the milk-teeth. It would occupy too much space to pass in review the several chapters of this division; they are carefully written, and are as good a handbook of the present state of our knowledge of the treatment of the diseases of infants as we could have. In regard to the treatment of the purulent ophthalmia of new-born infants, however, we are inclined to differ somewhat from our author. There are many cases of this disease which from the violence of the symptoms threaten destruction to the eye, a catastrophe which we fear would not always be prevented by Aconite, Belladonna, Ignatia, Mercurius, Hepar, or Calcareo, in globules of the 12th or 80th dilution. This disease has always appeared to us to be one of an eminently local character—probably arising from some local infection,—and there seems to be in general absolutely no constitutional sufferings connected with it. Multiplied experience has convinced us that a safe and rapid curative agent is the repeated application to the inflamed conjunctiva of a pretty strong solution of Nitrate of Silver—two grains to the ounce is what we generally use; we have never seen any but good results attend this treatment when resorted to before the cornea was destroyed, and we should be sorry to abandon it for any problematical internal treatment, knowing as we do the disastrous effects of allowing the disease to go on unchecked.

The second division treats of those diseases that occur chiefly in the period from the appearance of the milk-teeth until the completion of the second dentition. A number of the diseases here treated of are not confined to this period, but are often met with before and afterwards; however, as there is no doubt that they do occur most frequently during this period, there is no objection to this arrangement. The diseases embraced within this period are some of them of the most important character, including bronchitis infantilis, carditis, pericarditis, peritonitis, gastritis, enteritis, dysentery, hepatitis, cynanche, laryngitis, parotitis, hydrocephalus, hooping-cough, scrofulous affections, &c. This section, like the former, is carefully handled; and in the therapeutical part we notice that Dr. Hartmann has given us the latest information respecting the remedies proved by experience to be useful in the several affections.

The third section nominally treats of diseases that occur chiefly from the period when the second dentition is completed until the period of puberty, but actually the diseases here treated of are the acute exanthemata. This section also leaves little to be desired, as it is an excellent summary of the homœopathic treatment of these diseases; and though it savours somewhat of system-hunting, to class those diseases which occur at all periods of juvenile life under this head, this does not detract from the utility of the work, especially as a good index which the book possesses makes the student or practitioner who consults it quite independent of the author's fanciful classification.

We need not do more than recommend Dr. Hartmann's work to the attention of the student and commencing practitioner of homœopathy: and we are glad to learn that the English homœopathist will shortly be enabled to make use of Dr. Hartmann's labours, as a translation by his son, Dr. A. Hartmann, of Norwich, will speedily be published.

HOMÖOPATHISCHE ARZNEI-BEREITUNGSLEHRE, von JOSEPH BUCHNER, Doctor der Philosophie, Medicin und Geburtshilfe, Professor für Homöopathie an der Universität München, &c. *2te sehr vermehrte Auflage.* München, Franz, 1852.

HOMŒOPATHIC PHARMACOLOGY, by JOSEPH BUCHNER, Doctor of Philosophy, Medicine, Surgery, and Midwifery, Professor of Homœopathy at the University of Munich, &c. *2nd edition, much enlarged.* Munich, Franz, 1852.

THE merits of the first edition of Dr. Buchner's elaborate work on Homœopathic Pharmacology are tolerably well known to most of our readers, through Dr. Hempel's Pharmacopœia, in the compilation of which the author acknowledges that he was greatly indebted to Dr. Buchner's work. The present edition is a great improvement on the first. The work is divided into two parts—a general and a special part. The general part contains a vast amount of information relative to the pharmaceutical processes required by homœopathy, together with some useful remarks relative to the proper dose, the duration of the action of remedies, the best time for administering the different medi-

cines; also some observations on mineral waters, the imponderables, &c., &c. The special part contains directions for the preparation of all the different medicinal agents used in homœopathy, together with much novel and important information regarding their chemical composition, directions for ascertaining their genuineness, and many other things useful for the pharmacist to know. The arrangement of the medicinal substances is simply alphabetical, which is certainly much more convenient than that of the first edition which Dr. Hempel has followed, where a classification of the various objects was made according to the Linnæan system, by which the scientific appearance of the work was increased at the expence of its utility as a book of reference.

In addition to purely homœopathic medicinal substances, the list of which includes all that have been introduced into practice up to the date of the publication of the book, Dr. Buchner gives the chemical composition of the principal mineral waters of Germany; he also treats of magnetism, animal and mineral, galvanism, chloroform, and every thing else that is either employed in the practice of the homœopathic medical man, or used by the homœopathic pharmacist.

In the preparation of the different homœopathic medicinal agents Dr. Buchner adheres rigorously to the method recommended by Hahnemann, in order, as he says, that we may operate with exactly the same weapons that Hahnemann tested and employed, and certainly where there is any danger that by another process we might obtain a different substance, it is decidedly the safer plan to adhere to the letter of Hahnemann's directions; but where there is no such danger, it would be absurd to continue to adopt a more complex mode of preparation if a simpler one may be followed with the same result. We would here recommend to the reader's attention what we have already said on the subject of homœopathic pharmacy in our 5th volume, p. 353, where we have endeavoured to shew that the processes adopted by Hahnemann are not always the simplest or the best for obtaining the active principles of many medicinal substances, and have pointed out some improvements in some of the pharmaceutical technicalities that might be adopted with advantage.

But we shall add no more on this point at present. We hail with pleasure this new edition of Dr. Buchner's valuable work, and should be pleased to see such a perfect and elaborate work accessible to the English student.

NEW GERMAN HOMŒOPATHIC JOURNAL.

WE have received from the editor the first twelve numbers of a new homœopathic periodical, entitled *Zeitschrift für Homœopathische Klinik*, edited by Dr. Bernhard Hirschel, of Dresden, the author of an elaborate manual of homœopathy, entitled "*Die Homœopathie*." This Journal is published on the first day of every month. Its chief object is, to bring together a mass of information respecting the physiological action of drugs, from original and borrowed sources, and to present a large amount of practical information illustrative of the clinical application of medicines on the homœopathic principle, chiefly original contributions; but also an abstract of the most remarkable cases that have appeared in other homœopathic journals, and cases of involuntary homœopathy from the allopathic journals. The original papers that have appeared in these few numbers are generally very good, and are a hopeful earnest of what is to come. The contributors include some of the best practitioners in north Germany; among them we find the names of Trinks, Elb, Kurtz, Arnold, and others. We trust future numbers will fulfil the promises held out by the excellence of these ones; and if so, we have no doubt Dr. Hirschel's labours will prove of great advantage to the cause of scientific homœopathy.

DIE KRANKHEITEN DER ARBEITER IN DEN PHOSPHORZÜNDHOLZFABRIKEN, von Dr. ERNST v. BIBRA und Dr. LOR. GEIST. Erlangen, 1847.

THE DISEASES OF WORKERS IN LUCIFER MATCH MANUFACTORIES, by Dr. E. v. BIBRA and Dr. LOR. GEIST. Erlangen, 1857.

THE pathogenetic effects of phosphorus on the human frame have of late years become an object of interest to our allopathic

brethren, in consequence of the various diseases developed by its influence among that now large class of the labouring portion of the community—the makers of lucifer matches; various papers have appeared at different times in the medical journals on this subject, and we have before us a volume written on it and accompanied by an atlas of engravings exhibiting the results of exposure to the phosphoric vapour in lucifer match manufactories. This volume, of which the title is copied above, is divided into two parts—the first by Dr. von Bibra, being devoted to a consideration of the chemical and microscopical investigation of the morbid products, chiefly, I may say entirely, the diseased state of the jaw-bones, which we need not dwell upon at present; and to an attempt to elucidate the cause that produces this affection of the bones.

There is no doubt, Dr. Bibra observes, that the phosphoric vapours are the cause of the morbid affection in a general way. It was at one time supposed that the virulent effects produced might be owing to an admixture of arsenic with the phosphorus; and no doubt, had arsenic in any proportion been found in the phosphorus or other materials employed in match-making, the chemico-pathological quidnuncs would have shouted *eureka!* careless whether such affections of the bones had ever before been observed from exposure to arsenic, and looking merely to the known virulence of the poison. This question, however, has been set at rest by Dr. Bibra, who found that the phosphorus used in the manufactories where the phosphorus-disease was prevalent, contained no arsenic, and who established some comparative experiments with chemically pure phosphorus which indicated that it alone was the real agent; to these experiments we shall afterwards have occasion to refer.

Dr. von Bibra, however, is not content to ascribe the production of the disease in question to the action of the oxydized vapour of phosphorus (phosphatic acid, hypophosphoric acid, or whatever else it may be) for this very profound reason—"that there are many branches of industry, in the workshops of which acids of quite as strong a character are set free," just as if from the harmless nature of some acids, the innocuous character of a totally different one could be predicated. There is, how-

ever reason to suppose that, besides the oxydized phosphorus, there is in the vapour that exhales from a piece of phosphorus, also uncombined phosphorus, which Dr. v. Bibra thinks is more likely to cause the disease than any variety of the oxydized phosphorus. But his favourite idea is, that the devastating effects upon the osseous system are caused by the action of *ozone*,* which he affirms is developed during the vaporization of phosphorus; and this theory he supports by very ingenious arguments, into which we have no time to enter, suffice it to say, they do not convince us, and we should require first to learn that the peculiar disease known to result from phosphorus vapour is also excitable by *ozone* developed by other causes before consenting to v. Bibra's hypothesis.

The second part of the work by Dr. Geist is occupied with a description of the diseases to which the phosphorus-match makers are subject, which he divides into two groups or classes. 1. Inflammatory affections of the pulmonary mucous membrane; bronchitis and habitual cough; gastric symptoms. 2. A peculiar affection of the maxillary bones. Gendrin has best described the bronchitic affection in the following words:—

“ Since the establishment of phosphorus-match manufactories, work-people have occasionally been received (into the Hôpital de la Pitié) from them, chiefly females, who were employed in dipping the matches into the phosphoric mass; but among them are also some males, whose occupation consists in triturating the inflammable materials. All these patients agree in saying, that since they came into the manufactory they have been affected with cough—they only seek admission to the hospital when the cough has become habitual, grows worse, and is complicated with all the symptoms of acute bronchitis. In its nature this bronchitis does not differ from the ordinary kind, but the array of symptoms with which it is conjoined is different, inasmuch as functional derangements of other organs are present at the same time. Even those patients who are affected in a slighter degree, are in a state of excessive weakness; they

* Ozone, as our readers are probably aware, was discovered by Schönbein; it is supposed by him to be hydrogen in a higher state of oxydation than water, and to have a great oxydizing power.

complain of want of appetite, which they allege occurs to them at the very commencement of their work, and at the same time as the cough. Others suffer at the same time from diarrhoea; the greater number from fever, even although there is no inflammatory chest affection present. Those who have been often affected by inflammatory pulmonary catarrh, and these constitute the majority, are strikingly emaciated, sometimes suffer from palpitation of the heart, although the heart or large vessels are not diseased.

“ This array of symptoms, which is not characteristic of ordinary bronchitis, must be ascribed to the poisonous action of the phosphorus vapours taken into the system by the lungs, or perhaps also by the skin and mucous membrane of the oesophagus.”

The recovery of the patients from this affection was very slow, and they were very subject to relapses on again engaging in the work. Their constitutions were frequently undermined, emphysema of the lungs and liability to relapse remained behind. We think it advisable to give the cases in detail as related by the observers.

CASE I.—A woman, aged 34, of strong constitution, and never ill, in spite of rough field-labour and the unfavourable influences of all sorts of weather to which she was exposed, entered in 1843 into a manufactory of lucifer matches, and was employed in dipping the sticks into the phosphoric mixture. Fifteen days after commencing this employment she had a dry cough, though slight in degree; but in the course of six or seven weeks she felt her strength declining and lost her appetite. Soon afterwards she was attacked with violent catarrh in the chest, which compelled her to go into hospital for three weeks. When cured, she returned to her work. Scarcely had she returned to her work when she was again attacked with cough, followed soon by the other symptoms of a recurrence of bronchitis, so that she had to return into hospital again. In this way she suffered four relapses, with intervals of from three to four weeks, during which she always returned to her work, and this continued for sixteen or eighteen months, until at length she came into the hospital of la Pitié. It was the fifth time

she had sought the hospital on account of the same morbid symptoms. For five or six months she was scarcely able to work any more, on account of weakness and habitual suffocative cough. The morbid symptoms she presented were as follows: well marked fever; great debility; pale complexion; lax muscular system; extreme emaciation; frequent, tormenting cough with muco-purulent expectoration; difficult and quickened respiration; great oppression of the chest, so that the patient during the attack of cough and in order to expectorate must sit up in bed, when she experiences great pain with a constrictive sensation under the sternum; mucous rattling; rhonchus sibilans in the two inferior thirds of the right lung, in the upper third of the right lung anteriorly, and in the lower half posteriorly; uncommon clear tone on percussion; almost complete immobility of the ribs at these parts; great arching of the pectoral walls. These symptoms evidence the existence of a bronchitis of almost all the right lung, as also of emphysema of a great portion of it. Complete anorexia; furred tongue; daily from one to two loose watery stools, preceded by colicky pains. She got an emetic of Ipecacuanha, and two large blisters were applied to the chest. The chest symptoms diminished in intensity; the expectoration became less troublesome; the dyspnoea diminished, but the signs of emphysema still remain, as also the foul tongue and the anorexia; the patient complains of great weakness; the fever is no longer continual but there is an exacerbation every day. These symptoms, which were present twelve days after entering the hospital, indicated the repetition of the emetic twice, at intervals of three days. The patient got in addition a weak infusion of senega and fluid nutriment in moderation. The morbid symptoms went off after three weeks, and there only remained traces of chronic bronchitis and of emphysema. In consequence of the latter, sulphureous mineral waters were employed, as also alkaline and sulphureous baths. After six weeks the patient left the hospital; the emphysema of the right lung continued in a slight degree. She was advised to discontinue her occupation.

CASE II.—A man at the best period of life came into the hospital in March 1844 exhausted by purulent expectoration,

depending on true bronchial blennorrhœa with emphysema of both lungs. This blennorrhœa was the result of a bronchitis that had frequently recurred and was never perfectly cured during the last two years, caused by the patient's occupation, which was to prepare the phosphorus mixture in a lucifer-match manufactory. The patient was in danger of succumbing. Bals. terebinth. was employed with good effect, so that the patient was able to leave the hospital in the course of two months considerably better, but still affected by chronic bronchitis and emphysema in a slighter degree.

Gendrin remarks that hardly any workman affected with severe chronic bronchitis could be perfectly cured owing to their unfavourable position. Their bronchitis, though at first acute, becomes chronic by the continued action of the exciting cause, and brings most of the patients to an untimely end, by repeated attacks of acute bronchitis.

Similar equally severe cases were observed by Strohl of Strasbourg, and Lepine of Chalons. Neumann of Berlin says that the workmen, before becoming used to the phosphorus vapours are liable to inflammatory chest affections, and also to many gastric affections,—pity he does not describe them more particularly. He also found that three persons fell victims to pulmonary phthisis, the progress of which was hastened, if it was not altogether produced, by inhalation of the phosphorus vapour.

Geist observed the following case :

CASE III.—John Zitzmann, 52 years old, tall, thin, but well made, with a broad chest, robust constitution, without any phthisical predisposition, was engaged three quarters of a year in a lucifer-match manufactory, and his chief employment was to dip the matches. At the very commencement of his occupation he was affected with dry cough, which however went off when he put on warmer clothing and took some diaphoretic drinks. After half a year he fell ill of the same symptoms, which were however more severe and compelled him to abandon his occupation. On examination, his face appeared red and congested ; the forehead covered with perspiration ; the tongue furred ; the taste slimy ; frequent excitement to cough, with flying shootings under the sternum and towards the right side

the chest; copious muco-purulent expectoration, with constant tickling and scratching sensation at the bifurcation of the bronchia; anxious, short and hurried respiration, with elevation of the whole thorax, and especially of the left side. Percussion brought forth a clear tone in the middle of the right side of the thorax; auscultation revealed diffused mucous rattles with peculiar frequency. The pulse was rapid, full, hardish; the skin dry and hot; thirst increased. Besides these, great depression and debility. No gastric symptoms. The treatment prescribed was venesection to six ounces; a blister to the chest; emulsion of cod-liver oil with Nitre and ext. Hyoscyam. The inflammatory symptoms went off; the respiration became more free; speech no longer difficult; the pulse softer; the shooting pains diminished, and a general warm perspiration set in; the urine shewed a copious white sediment, but the cough continued with expectoration of purulent mucus. He then got Ammon. mur. with Pot. Lauress., Sulph. Ant. aur. with ext. Hyos., inf. Senegæ with theb. The expectoration diminished slowly; it gradually assumed more and more the character of bronchial mucus, and, together with the ascertained fact that the pulmonary parenchyma was unaffected, it quieted all apprehensions respecting the existence of phthisis. But great debility and depression still remained; he did not recover his appetite; and it was only by a lengthened employment of Chin. sulph. that the strength increased, and the patient, after being six weeks ill, could be dismissed from medical treatment. He did not return to his work, and now (three years after the disease) he is quite well. The most notable effect, however, of the action of the Phosphorus fumes on the workpeople is the development of a peculiar disease of the jawbones, the symptoms and progress of which are well described by Dr. Geist.

The first symptom, he says, common to all cases, whether the upper or lower maxilla be affected, is, as all observers agree, toothache. This begins after having been in the manufactory from a few months to twelve years (one case occurred after only five weeks, as Lorinser observed); it attacks apparently one or several teeth, or in some cases it spreads over one side of the jaw, just like toothache from rheumatic cause. It is only in

the rarest, and at the same time the most severe cases, that it is not confined to one, but attacks both sides. It is characterised by gnawing, throbbing pain, alternating with violent shooting, sometimes intermitting and sometimes continued. In some cases it comes on at the very commencement of the work, lasts a few weeks, but then leaves the person for months or years, but afterwards recurs several times, until at length the more deeply seated affection breaks out. The health often remains undisturbed during the employment, and only breaks up from a fortnight to six months after the patients have left the work, [a proof that it cannot be owing to the mere chemical action of ozone, as supposed by v. Bibra.] With the exception of but few cases, in which the observers directed no particular attention to carious teeth, or these were extracted before the commencement of the medical treatment, as not unfrequently happens, it is decayed teeth in which the pain commences, and whence the pain seems to extend. With the toothache, according to Neumann's observations in some cases, itching of the gums is connected, and the patients spit blood, which they say comes from the palate. Dr. G. has never observed this, but imagines that this blood comes from sucking the gums, which the patient does involuntarily in order to relieve the pain. After this toothache has lasted in this manner for weeks or even months, during which time the girls continue to work away very imprudently, it does not remain confined to one tooth, but spreads soon over the whole side of the upper or lower jaw in which the carious tooth is seated, and in the more severe cases even radiates all over the side of the face and neck corresponding to the locality of the disease. In some cases the lymphatic glands of the neck swell and become painful, the gum surrounding the diseased tooth reddens, swells, as also the cheek, and exhibits a tense tumour. The gum is sometimes as if inflated, and forms a soft elastic tumour yielding to the pressure of the finger. This is especially the case when the upper jaw is the seat of the disease, and even in slighter cases the soft palate often participates in the affection, and displays likewise a more or less red elastic inflated swelling, which in ordinary cases remains confined to the half of the palate corresponding to the diseased jaw, but in

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or cases extends to the other half. In other cases there is ed, amid drawing throbbing pains, a circumscribed phlegmon e gum beside the diseased tooth, an abscess is produced, h bursts, or if artificially opened discharges at first lauda- but afterwards grey fetid pus, and changes into an ulcer, h grows always larger by the gradual recession of its bor-

When this does not happen, the gum which had hitherto ed a soft elastic swelling becomes drawn away from the i at its edge, or there appear on it, on the side facing the y of the mouth as well as that directed outwards to the k, small abscesses which burst and also discharge matter. over, if the upper jaw is particularly affected, very small nents of bone are felt in the pus by rubbing it betwixt the rs, it feels sandy. And now the teeth of the affected side, ey carious or healthy, begin to be loose, and either fall out emselves or are removed by the fingers. The extent to h the teeth fall out in this way generally corresponds to of the affected bone. More abscesses continue to be formed ie gums, which on bursting discharge fetid pus ; they gra- y lose their bright red colour, become livid, and are more ss undermined with fistulous sinuses. The pus exudes from as from a sieve, fills up the empty alveoli, and the sound es through the various fistulous openings to the bone, a, if it be the superior maxilla that is the subject of disease, all over rough and as if carious. On the cheek which has rto formed a tense swelling of more or less erysipelatous ss, the erysipelatous inflammation now increases to cir- scribed phlegmon on several spots more or less remote from fected bone, abscesses are formed which burst and discharge pus, through which the probe detects the bone. In the time the gums have become always more retracted, or ma- ed by the purulent discharge, and their tissue completely lved floats in the pus with the remains of the periosteum, he alveolar processes denuded of soft parts are completely ed and appear to project into the buccal cavity. If it is pper jaw, it exhibits a dirty grey or greyish-black rough ns appearance ; if it is the lower jaw, it exhibits either its al colour or a greyish, reddish, and generally altered colour,

sometimes a smooth and sometimes a rough surface. Now the mucous membrane of the cheek, its muscular substance, the organs of deglutition, the parotid gland, may become sympathetically affected, and gangrenous destruction, difficulty of swallowing, and ptyalism are the result.

At the commencement of the disease, the patients are affected with slight febrile action, lose their appetite, suffer from increased thirst and irregularity of the bowels, constipation being the most frequent complaint. Gastric symptoms are not unfrequently present, the tongue is furred, the taste slimy, bitter; there is pressure in the epigastrium with frontal headache. The febrile action may continue throughout the whole course of the disease, or it may go off completely, or if there are tubercles in the lungs it may cause them to soften, and turn into hectic fever.

The course of the disease is different, according as it attacks the upper or lower jaw. When it is in the upper jaw it generally takes on a chronic character, and the symptoms are mild, though cases are not wanting where there have been frightful destructions of the facial bones and a fatal issue. If the gum, after remaining swollen for some months, has become slowly retracted, or if it has become retracted in consequence of the repeated bursting of abscesses, and if the teeth have become loose and there is a discharge of dirty grey and fetid pus, the jaw may then be perceived denuded to a greater or less extent and projecting into the buccal cavity. It is often only the alveolar processes, but often also the body of the bone. The denuded part is also of a dirty blackish-grey colour, its lamina vitrea destroyed, and the spongy tissue of the osseous structure is exposed to view. The bone appears rough, angular, full of elevations and depressions, as if it were carious. It is completely saturated with the secreted matter, and with this small fragments of bone are constantly discharged, which communicate a sandy feel to the pus. At first this exposed portion of bone is firm, but after some months it gradually becomes loose and movable to a greater extent than it is exposed, some of it being still covered by the soft parts. The sharp angles and points of the denuded bone wound and irritate the tongue and cheek, and give rise to

simultaneous inflammation of those parts. As the disease advances the bone becomes loose, large fragments come away, the exposed portion of bone becomes always smaller, and at length falls out bodily, or is easily removed with the forceps. When this has taken place the cavity is filled with healthy granulations proceeding from the body of the bone, the remnants of the gum grow together, and cicatrisation and a cure of the affected part takes place.

Several cases are adduced illustrative of the course of the disease in the upper jaw just given, which our space forbids us to detail.

The disease in the lower jaw runs either an acute or chronic course.* The acute form is distinguished from the chronic by the violence of the symptoms, their rapid course, and the accompanying fever of the synochal type. The disease begins with toothache of great intensity, which rapidly spreads over the whole half of the jaw where the affected tooth is. Then it spreads to the soft parts, the cheek, the chin, the nose, and the temples. It is constant, and increases hourly. The gum swells, so also do the cheek and neck; the swelling is firm and elastic, excessively painful when pressed, the cheek of an erysipelous redness. Rigor, succeeded by dry febrile heat of the whole body comes on, accompanied by thirst, foul tongue, headache, hard, full, tense pulse, and then occur gastric symptoms—consisting of nausea, pressure in the epigastrium, bitter taste, &c. In a few days abscesses break out in the gum which discharge fetid, thick pus, at first in the neighbourhood of the affected tooth. The gum surrounding the teeth becomes like a wall of a deep red colour, and the teeth soon become loose and fall out. The swelling of the soft parts extends to the soft palate, the velum pendulum, the parotid; the effects of which are dysphagia, stiffness of the jaw, ptyalism.

These symptoms of phlegmonous inflammation cannot last long. In the second week of the disease the pain abates, but

* A case of the chronic necrosis of the lower jaw with partial implication of the upper jaw in a lucifer-match maker, is detailed by Dr. Walker, of Manchester, in the 4th Vol. of this Journal, p. 287. The history of this case does not include the termination of the disease.

the gum becomes at the same time softer, thinner, loses its bright, red colour, and becomes livid in some places, which are the seat of abscesses in process of formation. The swollen cheek loses its elasticity, becomes softer, and it is only immediately over the lower jaw that it retains longer its tenseness. The pus loses its phlegmonous character, becomes thin, copious, and ichorous. The borders of the various abscesses in the gums are gradually retracted, the bone commences to be denuded, to the probe it feels partly rough and partly smooth, and is found to be separated from the gum to a considerable extent. In the meantime the fever becomes of a hectic character, the pulse sharp, small, quick, great exhaustion ensues, dry, short cough, attacks of rigor, nocturnal perspiration, the skin is dry, burning hot, the functions of the bowels deranged; generally they are constipated. The local symptoms extend, the gum is almost entirely dissolved, the jaw-bone exposed, and apparently projecting into the buccal cavity, the swelling of the cheek becomes soft, its colour livid, a fearfully fetid pus in which the soft parts seem to be dissolved is excreted, and death at length supervenes, with all the symptoms of consumption, after the disease has lasted from two to three months.

The chronic form differs from the acute chiefly in the longer course of the disease, the less amount of pain, the exfoliation of portions of the bone, the ineffectual attempts at a reparative process; the patient gradually dies of consumptive fever, or there occur softening and ulceration of tubercles in the lungs, and death ensues in the third stage of phthisis.

The fatality of this terrible disease is amazing. Of thirty cases, the termination of which is known to the authors, thirteen had the upper jaw affected, of these seven recovered and six died; in the remaining seventeen the lower jaw was diseased, of these eight recovered and nine died.

A disease so extensive, attended by a mortality so alarming, indicates the action of a poison of the most subtle and penetrating character, and it is of importance to determine what this poisonous agent is, not only for the hygienist and toxicologist, but also for the homœopathic practitioner, who impresses into his science as a curative agent any substance possessing a well-marked pathogenetic action. From many carefully conducted

experiments and much attentive observation, it resulted that the only possible cause for the disease was the phosphorus employed in the manufacture of lucifer matches. Dr. Bibra instituted a series of experiments with the vapour of phosphorus on rabbits for the purpose of seeing if he could develop anything like the disease to which lucifer-match makers are subject. The results of these experiments are highly interesting. They consisted of three different kinds. 1. Poisoning by phosphorus taken into the stomach. 2. Acute poisoning by phosphorus fumes. 3. Chronic poisoning by phosphorus fumes. The first series are of no great interest, as they merely shew the violent irritant action of the poison on the parts it came immediately in contact with, and a very fluid state of the blood in the veins. In the second series the animals were exposed to the fumes but little air being admitted; and in the third, considerably more air was allowed to traverse the box in which the rabbits were confined. Upwards of thirty rabbits were employed for each series of experiments with the fumes. We shall state the effects produced in a few of the animals, and first of those subjected to the rapid poisoning.

10th Oct., an old rabbit was put into the box. It seemed to be pretty well, ate its food, and showed no signs of uneasiness; on the 20th, however, it was found dead. Dissection showed the venous system enormously distended with blood; the auricle and ventricle quite filled with a black coagulum; left ventricle empty; lungs are much reddened, in some places here and there bluish; arteries empty; stomach filled with food; liver congested, but blood not coagulated, on the contrary, very fluid; no difference in the appearance of the blood under the microscope from healthy blood; gall-bladder contained a little cloudy, bright green fluid; intestines strongly injected. Other organs normal.

Another young rabbit was put into the box Oct. 27th; it died on the 4th Nov. Dissection showed the venous system very much congested; both ventricles of the heart filled with coagulated blood; muscular parts very much injected; arteries empty; *lungs almost completely hepatized, very little of their normal parenchyma to be seen. On cutting into them some portions appeared beset with tubercles*: stomach and intestines

normal, only congested; kidneys normal; liver exhibited some pale spots on its surface, and the same throughout its substance; gall-bladder very full; also the urinary bladder.

Some of the rabbits that resisted the poisonous effects of the fumes longer exhibited an eruption chiefly on the abdomen, axillæ, and genitals; the hair fell off and the skin became covered with a scabby humid eruption. In these rabbits the lungs were always healthy, whereas in the others there was often hepatization, and tuberculous formation, and always congestion. *The skin disease seemed to act as a preservative from the injurious effects of the phosphorus on the internal parts.* A similar eruption was sometimes observed on the head and ears of the phosphorus match-makers.

We shall now give some examples of the slow poisoning by the phosphorus fumes.

On the 8th October an old rabbit was put into the box. After three weeks it began to emaciate, but did not lose its appetite; suppurating ulcers appeared on the tongue and eyelids; the creature grew dejected and apathetic. It was found dead on the 4th Dec. Dissection showed the tongue almost entirely covered with ulcerations, and the blepharophthalmia had so much increased that the eyes could scarcely be opened; there was, however, no scleritis. The venous system was considerably congested; the lungs very much reddened, on some parts black; stomach filled with food; duodenum empty; the other intestines contained little, but the rectum was partly full of hard masses of fæces; veins of the intestines but little congested; liver and kidneys normal; gall and urinary bladders both very full; cerebral and nervous substance normal.

Another rabbit was put into the box on the 10th Oct.; on the 28th Dec. it was found dead. After being three weeks in the box suppuration of the right eye began, and increased to such a degree that it was soon unable to open it. Dissection showed the eye to be sunk, the lids adherent, the cornea thickened and opaque, the pupil filled with pus, but the lens and vitreous humor normal; veins filled with black fluid blood; muscular parts injected; lungs exhibited in some parts the normal structure, but were very full of blood and dark coloured;

their greater part, however, was hepatized, and here and there tubercles were observable ; stomach and intestines normal ; also the liver, except that it was rather congested ; and the gall-bladder was very large and distended, with reddish-brown bile. Other organs healthy.

It must be observed that the condition of hepatization and tuberculous formation in the lungs is rarely, if ever, met with in rabbits under other circumstances, which shows quite a specific action of the phosphorus in producing such diseases. The tuberculous condition of the lungs was what was most frequently observed in those lucifer match-makers who died from the effects of the phosphorus fumes.

In order to ascertain if he could produce in rabbits the same diseases of the jaws met with in the human subject, Dr. Bibra exposed some rabbits to the phosphorus fumes whose jaws he had previously broken, and sure enough on their death after about eight weeks' exposure to the phosphoric atmosphere, a large spongy callus was found round the seat of fracture, presenting exactly the characters of the disease in the human subject ; the periosteum also was found much separated from the bone, and the whole bathed in unhealthy-looking pus.

We are confident that our readers will agree with us in thinking that the effects of phosphorus, as exhibited in the makers of lucifer matches, are of great importance in throwing light upon the pathogenetic action of this powerful medicament ; and we only regret that our limits preclude us giving a more detailed account of the cases faithfully and accurately related in this interesting work.

It is remarkable that the only case recorded in Bibra's and Geist's book where a decidedly beneficial effect seemed to be produced by medicine on the diseased bone, was a case treated by a Dr. Kolb, probably a crypto-, if not an avowed homœopath, where the disease which had extended over the whole of the left upper jaw and was spreading to the frontal and nasal bones, and which had already produced the necrosis of a large portion of the lower jaw, was completely checked in two weeks by the administration of a drop of Tincture of Mezereum three times a-day. Kolb also observes that sugar and opium, even in the mildest

preparation, acted very prejudicially on patients affected with the phosphorus disease.

MISCELLANEOUS.

Homœopathy in Munich.

IN the 63rd *séance* of the Chamber of Deputies, on the 7th of January 1852, the deputy Mr. Wolfsteiner brought before the chamber a motion, to the effect that they should propose to the government the erection of a homœopathic hospital at the expense of government, and for this purpose vote an annual sum of 3000 florins. Mr. Wolfsteiner, who was a clergyman, made the following remarks on bringing forward his motion. "Were homœopathy merely a theory, I would not have undertaken to say a word upon the subject. But you are aware that the clergyman is often beside the sick-bed, and has opportunities of making his observations there as well as the doctor. Now I have had this opportunity of observing there, the course run by the same diseases under allopathic and under homœopathic treatment, the results of their treatment in individuals who knew nothing about homœopathy or allopathy, who therefore do not know by which method they are treated ; and on such occasions I have found that the results speak very much in favor of homœopathy. It does not lie within my province, nor would I ever presume to decide which method of treatment deserves the preference over the other ; still I believe it would tend to the general advantage if all medical practitioners were to learn both methods. And regarding the subject from this general scientific point of view, I consider it to be necessary to give the students of medicine at our university an opportunity of gaining a knowledge of all sides and not of one only, and such opportunity would, in my opinion, be furnished by such a clinical institution as I have proposed. It certainly would be a gratification to me to see such institutions attached to all universities, but as this would apparently be difficult owing to pecuniary considerations, the want would be to some extent supplied by attaching such an institution of moderate size to our largest university. But this proposition is not only important in a general scientific point of view, it is also important in respect to the public, who look for medical practitioners in whom they can repose confidence. But on this point I shall at present say nothing, except in reference to the expense, which concerns the laboratories chiefly. What the patient under allopathic treatment obtains from the ordinary chemist's-shops is doubly bitter, first when he swallows it and secondly when he pays for it. In both respects homœopathy contrasts favourably with allopathy. Homœopathy has now made such progress, that it is impossible to avoid acknowledging it as a medical system. My proposition has for its object to secure for it proper attention. The

small sum that I solicit you to vote will certainly yield a large interest. The honourable committee has already agreed to allow it to come before the chamber, and I therefore trust that you will approve of it and pass it in the regular way." On the questions being put to the chamber whether the subject was one they were competent to decide on, and whether it was a subject they should deliberate on, the majority decided affirmatively, and they also agreed to refer it to the appropriate committee. It has yet to be seen what will be the final fate of the proposition. (*Neue chir. Ztg.* quoted in *Zeitsch. f. hom. Klin.* i, p. 74.)

Opinion of a German allopathic periodical on the anti-homœopathic proceedings in England.

The *Berliner medicinische Central Zeitung*, a highly respectable allopathic medical journal, is lost in astonishment at the means adopted in England to put down homœopathy. The recent refusal of a well-known publisher to have anything more to do with homœopathic publications is what particularly excites its wonder. We give the passage entire.

"London. The agitation against homœopathy has given rise to excesses which are more than laughable, they are utterly contemptible. At the instigation of some fanatic medical men, a large publishing house here (Highley and Son) have announced, that henceforward they will neither publish nor sell any homœopathic works, and it is expected that other publishers will follow their example. This mode of attempting to stop the child's mouth is absolutely revolting, and all the more barbarous as occurring in a land where the right to give expression to opinion is considered sacred. That it must fail to be of the slightest use is so self-evident, that we cannot comprehend the blindness, with which Englishmen, who are generally held to be so calculating and practical, have acted in this matter."

Comparative Statistical Table of the Homœopathic and Allopathic Treatment at the Hôpital Ste. Marguerite, Paris.

Dr. Tessier, physician to the St. Margaret's Hospital, in his reply to a letter of Dr. Frédault, publishes the following tables, which he introduces with these words.

This is a comparative view of the two services of the hôpital Ste. Marguerite; in the one, the patients were treated, first by M. Valleix and afterwards by M. Marotte, according to the usual methods employed in the hospitals of Paris; in the other, which comprises the wards under my charge, the great majority, I may say almost the whole of the patients, have been treated by medicines in infinitesimal doses. You will be able to appreciate the general results of these two methods of treatment. If this table is capable of establishing an opinion in favor of the homœopathic

treatment, it cannot, as you are aware, lead to a definite conclusion on the therapeutic question in its application to special cases. It is for experience alone, that is to say, the assemblage of the personal experience of a sufficient number of enlightened observers, to pronounce upon the relative value of the specific, evacuant, alterant, revulsive, derivative methods, and of the homœopathic treatment.

HÔPITAL STE. MARGUERITE.

Abstract of a comparative view of the patients treated in this hospital, during the years 1849, 1850, and 1851, by the homœopathic method in the wards St. Benjamin and Ste. Anne, containing 100 beds, and by the ordinary system in the wards St. Augustin and Ste. Geneviève, containing 99 beds.

Note.—The difference that exists each year betwixt the number of admissions on the one hand, and the number of dismissals and deaths on the other, is owing to the patients who remained under treatment, and who are to be found included in the number of the dismissals and deaths of the following year.

Homœopathic Treatment.

Admitted.	Went out.	per cent.	Died.	per cent.
1849.—Of 870 men	780	= 89 ⁶⁵ / ₁₀₀	75	= 8 ⁶² / ₁₀₀
— 422 women	378	= 89 ⁵⁷ / ₁₀₀	51	= 12 ⁰⁶ / ₁₀₀
— 1292 men and women	1158	= 89 ⁶² / ₁₀₀	126	= 9 ⁷⁵ / ₁₀₀
1850.—Of 966 men	896	= 92 ⁷⁵ / ₁₀₀	63	= 6 ³² / ₁₀₀
— 711 women	632	= 88 ⁸⁸ / ₁₀₀	75	= 10 ⁵⁴ / ₁₀₀
— 1677 men and women	1528	= 91 ¹¹ / ₁₀₀	138	= 8 ²² / ₁₀₀
1851.—Of 1085 men	997	= 91 ⁸⁹ / ₁₀₀	70	= 6 ⁴⁵ / ₁₀₀
— 609 women	558	= 91 ⁶² / ₁₀₀	65	= 10 ⁶⁷ / ₁₀₀
— 1694 men and women ..	1555	= 91 ⁷⁹ / ₁₀₀	135	= 7 ⁹⁶ / ₁₀₀

During the three years, 1849, 1850, 1851, there were under homœopathic treatment 399 deaths out of 4655 admissions, = 8 ⁶⁵/₁₀₀ per cent., or 85 per 1000.

Ordinary Treatment.

Admitted.	Went out.	per cent.	Died.	per cent.
1849.—Of 689 men	595	= 86 ³⁵ / ₁₀₀	87	= 12 ⁶² / ₁₀₀
— 398 women	316	= 79 ³⁹ / ₁₀₀	82	= 20 ⁶² / ₁₀₀
— 1087 men and women	911	= 83 ⁸⁰ / ₁₀₀	169	= 14 ⁷¹ / ₁₀₀
1850.—Of 754 men	692	= 91 ⁷⁷ / ₁₀₀	61	= 8 ⁸ / ₁₀₀
— 441 women	394	= 89 ³⁴ / ₁₀₀	46	= 10 ⁴² / ₁₀₀
— 1195 men and women	1086	= 90 ⁶⁷ / ₁₀₀	107	= 8 ⁹⁹ / ₁₀₀

	Admitted.	Went out.	per cent.	Died.	per cent.
1851.—Of 901 men		828 =	91 ⁸⁸ / ₁₀₀	77 =	8 ⁵⁴ / ₁₀₀
— 541 women		467 =	86 ³⁴ / ₁₀₀	58 =	10 ⁷² / ₁₀₀
— 1442 men and women....		1295 =	89 ⁸⁰ / ₁₀₀	135 =	9 ³⁸ / ₁₀₀

During the years 1849, 1850, 1851, there were under the ordinary treatment 411 deaths out of 3724 admissions, = 11 ³/₁₀₀ per cent., or 113 per 1000.

Dr. Dietl's Dietetic Treatment of Pneumonia.

We have frequently had occasion to refer to Dr. Dietl's work on pneumonia, wherein he published the comparative results of the treatment of this disease by bloodletting, by tartar emetic, and by diet alone, which showed so much in favour of the latter; in other words which proved how infinitely smaller was the mortality when the disease was left to nature than when treated by the boasted remedies of the old school. In Nos. 5, 6 and 7 of the *Wiener Medicinische Wochenschrift* for 1852, Dr. Dietl details the results of his practice in pneumonia from 1847 to 1850, during which period he has treated 750 cases by what he terms his pure dietetic plan. It will be recollected that in the work alluded to Dietl gave the results of the treatment of 189 cases by means of his expectant system, certainly a sufficient number of cases from which to form a fair inference as to the mortality of the disease when so treated—or rather not treated, but left to follow its natural course; but the great number of cases he has since observed is quite sufficient to dispel for ever any doubt that the cautious practitioner might have entertained respecting the true rate of mortality of pneumonia when left to itself. We subjoin in brief the deductions arrived at by Dietl in the papers above alluded to.

1.—Pneumonia is relatively as frequent in old age as in youth.

2.—Of the 750 cases of pneumonia only 274 were of robust frame of body, the remainder were either weak or of but middling strength.

3.—134 of the cases had been previously quite healthy, whereas the remaining 616 had suffered from various ailments; 514 of these had had severe diseases, the greater number shortly before the attack of pneumonia, the bad effects of which were still present in the organism. Of these 514 severe diseases, 246 were maladies of the respiratory organs which had almost all been treated by bloodletting.

4.—The stage of premonitory symptoms was of short duration in those who had already had affections of the lungs, especially such as had had repeated attacks of pneumonia; it was of longer duration in robust individuals unweakened by disease.

5.—The usual duration of the febrile stage was from 5 to 8 days; a longer duration of the fever was usually occasioned by complications with other forms of disease or by recent disease.

6.—The convalescence in pure cases lasted from 7 to 14 days, the whole disease on the average 20 days ; the convalescence was only longer where there were complications or in the case of very delicate persons, especially such as had been ill shortly before.

7.—In the natural course of the disease, inflammation of both lungs or of several lobes is not frequent ; in the 750 cases the infiltration was in one lobe 637 times, in more than one lobe 113 times.

8.—The cutaneous secretion was either normal or moderately increased ; positive diaphoresis was present in 81 cases, and was not a favourable symptom.

9.—The colour of the skin was normal in 399 cases ; in 351 it was more or less yellow.

10.—In 235 cases the dyspnoea was slight, in 515 considerable ; it ceased suddenly on the cessation of the process of infiltration.

11.—200 suffered from a slighter degree of cough, 550 from a greater degree of cough.

12.—The expectoration was bloody in 495 cases, bloodless in 158 cases, purulent in 42 cases, absent in 55 cases. Where the expectoration was bloodless or absent, the disease ran the most favourable course. The transition of the crude sputa into purulent expectoration was not a favourable symptom.

13.—A sediment in the urine was as often absent as present, and was of no importance in a semiological point of view.

14.—The mortality was 9·2 per cent., 69 of the 750 cases having died. The mortality of the females was 12·1, of the males 6·7 per cent.

15.—Of the 69 deaths, 8 died in the stage of red hepatization, 56 in that of grey hepatization, 5 in that of purulent infiltration. In the fatal cases the pneumonia was almost always complicated with other serious diseases.

16.—The rate of mortality remained pretty much the same in the different years and seasons.

17.—Atmospheric conditions have no marked influence on the frequency of the disease or the severity of its symptoms.

These additional results of the treatment of pneumonia by the expectant method corroborate those formerly recorded on a smaller scale by Dr. Dietl. They show indeed a slight increase of the mortality (by 1·8 per cent.), and a slight diminution of the average duration of the disease, but nothing that can seriously affect the deductions arrived at by Dr. Dietl in his former work and by Professor Henderson in the last number of this Journal, relative to the vastly less mortality and duration of the disease when entrusted to nature than when combated by all the appliances of so-called rational medicine.

Miscellaneous.

Hemospasic Apparatus.

the meeting of the Hahnemann Medical Society on the 2nd Novem-
Dr. Junod exhibited his hemospasic apparatus which for some years
has excited considerable attention among the French Faculty, and has
occasionally alluded to and described by the medical journals of this
ry. The object sought to be accomplished by the ingenious inventor
to determine a large portion of the blood of the system into a limb, and
abstract it from congested or inflamed internal parts. This design he
accomplishes by means of a tin boot into which the leg of the patient is
inserted and from which the atmospheric air is gradually withdrawn by
means of a small air-pump, the top of the boot being kept in air-tight ap-
plication to the leg by means of a broad belt of vulcanized india-rubber.
The effect of thus exhausting the air is to cause a rush of blood into the
limb contained in the apparatus; it resembles dry cupping on a large
surface of a whole limb, in place of a few square inches of skin, being sub-
ject to the action of the instrument. No pain, but only a slight uneasiness
is experienced in the limb enclosed in the boot, which is found, on
being withdrawn, to be much increased in size, and the blood does not
immediately return into the circulation, and the leg resumes its original size at
the end of 24 hours, but the oftener the operation is repeated the more
marked is its effect. The effect of the operation in the cases for which it
is applicable is almost instantaneous—congested states of internal organs,
and the symptoms of acute local inflammations vanish as if by magic, the
effect of many forms of neuralgia is at once subdued, hemorrhages from the
nose, uterus, &c. cease. In many of these cases the effect is, as may be
imagined, transient, and the diseased state recurs as soon as the blood is
restored to the circulation, though the effect may often be rendered per-
manent by repeated applications of the boot; still, even supposing the
effect to be but transient and palliative, it is for us a matter of great im-
portance in many cases to procure a suspension of the dangerous symptoms
in order to gain time for the action of our specific remedies. Thus in
threatened apoplexy, in hæmoptysis, in violent metrorrhagia, and many
other conceivable cases, the palliation of the paramount and dangerous
symptom is of the utmost importance; and if this can be done by such a
simple appliance as that of M. Junod, we should be very wrong to de-
sist. In cases of congestion, hemorrhage, &c., we seek to attain the
desired object by placing the patient in certain positions, by the application
of cold water, ice, hot foot-baths, &c., but M. Junod here presents us
with a much more powerful and certain mode of effecting our purpose.
By means of one boot he can draw into the limb four pounds of blood,
and the effect of this, when rapidly performed on a robust individual in
the erect position, is so powerful as to produce perfect pallor of the coun-
tenance, and even syncope. Dr. Junod attended in Paris several cases in
conjunction with Hahnemann, who had a high opinion of the utility of

the hemospasic apparatus. One case which he attended along with the Founder of Homœopathy deserves to be detailed as it illustrates forcibly the value of the treatment pursued. The case was that of a young lady, the daughter of a late noble earl, formerly English ambassador at one of the European courts. This lady had long been afflicted with a most curious and sad disease—she had entirely lost the use of her limbs and lay constantly on a couch, her head generally supported by an attendant's arm. She seemed to be entirely destitute of any power of volition, never spoke except when roused, lay constantly in a half-comatose state, the face being very much flushed, and the head very hot; evidently she laboured under severe congestion of the brain. She was under Hahnemann's treatment; he went to see her very frequently, in fact, was in almost constant attendance upon her, but was unable to produce any favorable result; and, after near a year of ineffectual homœopathic treatment, Hahnemann called in Dr. Junod to his assistance. When they met together beside the patient Hahnemann said, "Now, Dr. Junod, you shall operate on the legs and I on the stomach." After the first application of the boot the patient roused up, addressed those around her, and chatted familiarly and quite sensibly with her friends—her face assumed a natural colour, and, to the surprise of all, she was able to walk about the room, a thing she had not done for a very long time. After ten applications of the boot on ten successive days the patient was perfectly cured, and was able to travel into the country where she remained perfectly free from all symptoms of her former complaint, and was able to take a considerable amount of walking exercise. It is possible that the homœopathic remedies administered by Hahnemann at the same time were the cause of the permanent character of the result obtained in this case, though as long as the congested state of the brain existed it was evident that the medicines were of no avail.

Dr. Junod's apparatus has been introduced into all the hospitals in Paris, and is frequently employed by the Parisian medical men in their treatment of many diseases that were formerly supposed to require blood-letting; it has also been adopted by almost all the London hospitals, and we have read letters from London hospital-physicians and surgeons of eminence testifying their satisfaction with the performances of the instrument. The allopathic medical men who recommend its use speak highly of it as a safe and efficacious substitute for blood-letting, and it would indeed be a great blessing to patients were it generally adopted to the exclusion of the still too prevalent practice of drawing off the great vital fluid. Although the homœopathists cannot substitute it for any of their antiphlogistic, anti-congestive, and anti-hemorrhagic remedies, it is quite reasonable to suppose that they may, like Hahnemann, find it a powerful auxiliary to their specific treatment. As its employment is altogether unattended with danger, and is, according to the testimony of many intelligent and eminent practitioners, highly effective, we have no hesitation in directing the attention of our colleagues to it.

The Austrian Arsenic-eaters.

In the *Medicinische Wochenschrift* of Vienna of the 11th October 1851, Dr. von Tschudi gives a detailed account of the Austrian poison-eaters, of which we present our readers with the following abstract:—

In some parts of Lower Austria and Styria, especially in the hilly country near Hungary, there prevails, chiefly among the peasants, an extraordinary custom of *eating arsenic*. They obtain it under the name of Hedri (Hidri, Hidrich—Hüttenrauch, i. e., smelting-house smoke) from itinerant herbalists, pedlars, &c.

The arsenic-eaters swallow this dangerous poison for two objects. The first is, in order to get a certain fresh complexion and a certain degree of embonpoint. Hence peasant lads and girls often have recourse to this substance in order to enhance their charms to one another, and it is very remarkable to see how wonderfully well they attain their object, for these young poison-eaters are generally remarkable for their blooming complexions and healthy appearance. The following case is selected from amongst many that came under Dr. von Tschudi's observation:—A healthy but thin and pale milk-maid, residing in the parish of H—, had a lover whom she wished to attach to her by a more agreeable exterior; she therefore had recourse to the well-known beautifier, and took arsenic several times a-week. The desired effect was not long in shewing itself, for in a few months she became stout, rosy-cheeked, and all that her lover could desire. In order, however, to increase the effect she incautiously increased the doses of arsenic, and fell a victim to her vanity. She died poisoned, a very painful death. The number of fatal cases, especially among young persons, is by no means inconsiderable.

The second object sought to be attained by the arsenic-eaters is, to make themselves long-winded, that is, to render their respiration easier on going up hill. Whenever, on a long journey, they have to go up a hill, they put a small fragment of arsenic into their mouths and let it gradually dissolve. The effect is astonishing, and they ascend heights with great facility, which they could not otherwise do without the greatest difficulty of breathing.

The quantity of arsenic with which the poison-eaters begin, consists of a small lentil-shaped piece about half-a-grain in weight. They continue to take this quantity two or three times a week in the morning fasting for some time, until they become habituated to it. They then cautiously increase the quantity as they find that the doses last taken begin to lose their effect. The peasant, R—, belonging to the union A—g, a hale man of 60, who enjoys capital health, at present takes for every dose a piece of about two grains in weight. For the last forty years he has pursued this habit, which he inherited from his father, and which he will transmit to his children.

It should be particularly observed, that not the slightest trace of arseni-

cal cachexy is to be discovered either in this or any other of the poison-eaters; that the symptoms of chronic arsenical poisoning never occur in individuals who adapt the dose of the poison to their constitution, and to the degree of their habituation to its use, though, as above-observed, the doses are very considerable. It should not be omitted to be stated that when from an accidental want of arsenic or other reason, the ingestion of the arsenic is left off for a time, morbid symptoms occur, which bear the greatest resemblance to the slighter degrees of arsenical poisoning: especially a great feeling of discomfort, accompanied by great indifference to everything around, and anxiety for one's own person, various derangements of the digestion, loss of appetite, a constant feeling of overloading of the stomach, vomiting of mucus in the morning and increased flow of saliva, burning from the stomach up to the fauces, spasmodic constriction of the pharynx, cutting pains in the abdomen, constipation, and especially oppression of the respiration. For these symptoms there is only one remedy which gives speedy relief, namely, the immediate return to the arsenic-eating.

Arsenic-eating, as far as the most accurate investigations among the inhabitants of these parts permit us to judge, does not amount to a *passion* as is the case with opium-eating in the east, betel-nut chewing among the Indians, and coco-chewing among the Peruvians, but once commenced it becomes a *necessity*.

It need scarcely be observed that the use of arsenic is very extensive in Vienna, especially among the ostlers and gentlemen's coachmen. They either sprinkle a good pinch of it among the oats, or they tie a piece as big as a pea in linen and fasten it to the bit when the horse gets on its bridle, whereby it is gradually dissolved by the saliva. The shiny, round, handsome appearance of many of the first-rate coach-horses, and especially the foaming at the mouth, which is so much admired, is owing to the arsenic they get. It very frequently happens in mountainous districts that when horses have to drag heavy burdens up steep places, their drivers put a dose of arsenic in the last portion of food they have to take. This practice is continued for years without the least injury; but if a horse used to it comes into the possession of some one who does not give arsenic, it loses flesh and spirits, becomes weak, and the best food is incapable of restoring him to his former appearance.

Poisoning by the Bichromate of Potash.

Mr. John Scholefield, æt. 34, carriers' agent, active employment, twelve months ago took by mistake a solution of Bichromate of Potash; quarter-of-an-ounce was dissolved in a pint of water of which he took three doses, and probably swallowed one-third of it. He felt immediately deadly sick, vomited for eight hours at first the solution, then greenish bile, then watery mucus—prostration. He then took milk, castor oil, &c.;

no nose or throat symptoms ; purging ; urine scanty. He was very well except shivering feeling before that.

Present symptoms.—Strong feeling of bearing down towards the right groin ; a very tender point midway between umbilicus and spine of ilium, evidently the ascending colon, which frequently bulges out (nine months after) ; tongue loaded ; bad taste in the mouth ; bowels easy ; stools natural ; sleeps pretty well, but always awakes with the uneasy feeling in right iliac region ; urine natural. Before the poisoning, the skin of the forehead rough ; it cured it.

Cure of Hydrophobia in the United States.

The son of a Mr. Waite, of Cincinnati, was recently seized with hydrophobia. We learn by the *Cincinnati Gazette* that since then, by judicious treatment, he has entirely recovered, though a running wound is intended to be kept up where the lad was bitten, in order to prevent the possibility of a return of the symptoms. The vesicles which formed under the tongue rapidly disappeared under the administration of Lachesis, a medicine prepared from the virus of the lance-headed adder, which was given as an antidote to the poison, and the spasms were prevented by the use of Belladonna and other remedies.—*American Paper.*

The Absorption of Insoluble Substances.

Oesterlen made some experiments a few years ago to demonstrate the absorption into the blood or chyle of substances absolutely insoluble, such as charcoal and Prussian blue. In 1847, Eberhard made a number of similar experiments, which were published in his inaugural dissertation. In 1848, Aldus Mensonides published an inaugural thesis on the same topic, which has been translated by Donders. The dissertations of Eberhard and Donders are published in *Henle's Zeitschrift*, and we extract the most important parts of these interesting memoirs.

Eberhard employed in his experiments mercury, charcoal, and sublimed sulphur. Kölliker and Meyer witnessed and confirmed most of his experiments. The first part of the paper is occupied with a description of the microscopic characters of the three substances above named, with a view to their recognition in the system. For these particulars we refer to the paper itself. Rabbits and dogs were fed with these substances, and after a certain time killed, or the mercury or sulphur was rubbed into the skin. Particles of the substance administered by the mouth or rubbed into the skin were detected easily with the microscope in the chyle and blood. The fact being established, that "insoluble substances can pass unchanged through the intestines or the skin into the blood," the inquiry is made, how this takes place. Solution and re-precipitation is impossible ; and, after some discussion on the point, Eberhard concludes, that these bodies actually do pass through the coats of the vessels in the solid form. And

it appears possible that this occurs from the small particles pressing against the thin walls of the capillaries, and the delicate coverings over them, and thus making their way in.

The experiments of Menonides and Donders were made with mercury, sulphur, charcoal, and starch. Altogether the observations are not so decided, as far as the three former substances are concerned, as we should have expected from the strong statements of Eberhard. The mercury, in the form of mercurial ointment, was rubbed into the skin of rabbits, and, after death, in the lung and liver, and (in one of three experiments) in the blood, globules were seen which might have been mercury, but which could not be proved to be so with absolute certainty. Sections made through the skin did not display any trace of mercury in its substance on microscopic examination. Flowers of sulphur were administered by the mouth to a rabbit and to three frogs. In the blood of the rabbit particles were found which might have been sulphur, but were in very small numbers, and could not be further examined. The experiments on the frogs were negative.

The fine powder of wood-charcoal was then used, as in the original experiments of Oesterlen. Rabbits were fed with it, and charcoal particles were found in great numbers in the blood, and generally in the substance of the lungs and liver. They existed in the lungs in the connecting tissue between the air vesicles; in the liver they were in smaller quantity. The experiments of Oesterlen and Eberhard were thus perfectly confirmed. Still something more seemed necessary. The little particles were considered to be charcoal, simply from their form, and not from their chemical reactions. Donders and Menonides decided on using starch, the little granules of which have a decided and incontestable reaction with Iodine. Starch was mixed with charcoal, and given to frogs, the customary martyrs of science, and the granules were afterwards found in the mesenteric veins, and gave the usual reaction; they could be seen to move with the blood-corpuscles, and to press against these. In another experiment, after many failures, starch-granules were most clearly seen in a mesenteric vein, were coloured with Iodine, were decolorized by the continual flow of the alkaline blood, were again coloured by a fresh addition of Iodine, and so on for many successive times.

These experiments were so far quite decisive, and Donders proceeds to propose some new questions of great importance. As insoluble particles can thus find their way into the blood, do they enter at once into the blood-vessels, or into the lacteals and lymphatics? Does the entrance occur in all animals? Is the form of the substance, or is it its nature, of consequence? Can diseases arise in the lungs by the aggregation of such molecules? Are any special diseases produced in various parts by their entrance and aggregation? Do such diseases disappear when the importation ceases? Donders, on the present occasion, discusses only the first

question. He remarks that the observations of Herbst have already made it probable that starch granules pass into the chyle. Oesterlen and Menonides, however, could find no charcoal grains in the mesenteric glands or in the thoracic duct. The experiments of the last observer were, however, not absolutely exclusive of the possibility of the passage into the chyle, as the lacteals were only quite clearly seen in one experiment. In spite of these negative observations, Donders thinks it probable that the channel of entrance is the lacteal system rather than the blood-vessels. The chief positive argument for this is the abundance of charcoal grains found in the lungs, compared with their scanty appearance in the liver; yet, if absorbed by the portal veins, one would expect to find the liver the chief depository. Schroeder van der Kolk has suggested, indeed, that the numerous granules of charcoal seen between the pulmonary air-cells might actually be contained in the lymphatics, ramifying in that situation. The mode of entrance is, however, still obscure; the matter of fact appears undoubted, that insoluble particles can pass into the circulating system, and can become aggregated in particular localities. Eberhard, Menonides, and Donders, all experienced the greatest possible difficulty in keeping the observations free from falsification. Charcoal and starch find their way everywhere. Menonides and Donders found that their solution of Iodine frequently became contaminated, and they were even led at one time to believe that starch granules exist in healthy human blood, simply from starch granules having found their way into their test solution. In repeating the experiments it is necessary to be aware of the difficulties and sources of fallacy thus arising.—*Henle's Zeitschrift, Neue Folge*, 1851. Vol. I, p. 406.—*Medical Times*.

Climate of Pau.

[We have received the following valuable notes on the climate of the neighbourhood of the Pyrenees from our esteemed contributor, Mr. J. KIDD.]

As a rule, Pau has a most excellent winter, but like most places of English resort on the Continent, occasionally (or about once in four or five years) it has a very bad one. October, November and December are generally like a fine autumn. January and February excellent weather; dry, warm and genial. With the opening of the March moon falls much rain for three to five weeks.

The mistral during that time devastates the Mediterranean from Leghorn, Nice, to Hyeres, Toulon, and Marseilles and Montpellier. Its fury is quite gone as it reaches Toulouse, and at Pau (110 miles from Toulouse) it is never felt: so much so, that the house I lived in at Pau up to the March moon, was immediately taken by an English clergyman running away from Nice, there to escape the mistral.

April is a very good month. In May the heat drives the English into

the lower parts of the High Pyrenees, especially Eaux Bonnes and Eaux Chaudes, the two most noted waters in consumption ; they are the mildest of the Sulphur waters (warm) and are yet strong.

The Government Physician at Eaux Chaudes, which he uses both externally and internally, very carefully and gradually watching the effects, is renowned all over the South and East of France for his curative success in phthisis. He is a very careful man and a first rate stethoscopist.

I have no doubt but that many cases of tubercular disease are cured there. In early summer the weather in the mountains is often wet or showery, but quickly dries up. Of a good season there are often complaints of want of water for the crops. The late summer generally very dry. The choice of situation is so varied that almost any climate is obtainable in some part of the mountains.

At Pau 100 is the average number of days in the year that rain falls, (London is 180) and of the 100 falls *one-half is in the night*, leaving no traces the next day, as a descent from the English part of the town of 200 to 300 feet of pure sand or gravel absorbs it all before sunrise.

The widow of a Scotch physician (Dr. Hill) lately the chief practitioner there, now keeps a select boarding-house, chiefly for ladies. Her address is Mrs. Hill, No. 7, Place Grammont, Pau, Basses Pyrenees.

CLINICAL RETROSPECT.

Affection of the Right Mammary Gland, by Dr. DEFERT.

Madame D. received a violent blow on the right breast in January 1847, but felt little pain, and that little disappeared in a few days. In the middle of August the same year a cat jumped upon her when she was lying down and struck this breast, causing extreme pain which, however, went away in three or four days. About a month afterwards a redness might be seen at the inner part of the mamma just where the animal's paw had alighted ; it was three-fourths of an inch in diameter and the seat of acute pain and intolerable burning. She applied bread-poultices, which removed the pain, heat, and redness in the course of a week ; but she then discovered that below the place which had been painful was a hard and not painful lump the size of a small nut. Her attendant prescribed poultices mixed with equal parts of linseed and powdered hemlock leaves. The swelling increased, and she felt darting pain in it ; the poultices were now ordered to be made with hemlock-leaves alone ; the complaint spread and involved the whole mammary gland which increased in size, and became livid and painful. The cataplasms were now set aside, and the plaister made with hemlock and applied all over the breast, while Conium pills were given, Tincture of Iodine rubbed in three times a day (afterwards the iodinated pomade was substituted) ; besides this,

Affection of the Right Mammary Gland.

ame D. was purged every few days with castor oil. Under this treatment the complaint reached such a serious height that the attendant had thought nothing of it at first began to speak of the probability of having to use the knife.

A second physician called in, who saw the case in the beginning of October, and again at the end of November, asked a week to decide as to whether the operation should be performed.

Under such circumstances I was called in.—I first saw the patient Dec.

1847. She was 41 years old, and had enjoyed through life excellent health; catamenia regular, no family, once had a miscarriage, but got it well. Her spirits were greatly affected by anxiety respecting the result of her complaint. The right mamma was a third larger than the left, hard, and slightly lobulated, painful to touch, and the seat of constant incessant shooting pain as if from fine needles. The skin of the breast was quite healthy.

Looking rather at the exciting cause than the totality of the symptoms, I prescribed Arnica internally and externally which did no good. Perhaps Conium was better indicated, but the immense quantities she had had of that drug made me not think of giving it.

Dec. 6th.—I gave Bell. 18 in 100 grammes of water, a table-spoonful 3 times a-day. I chose this medicine though it only has one symptom strongly like the case (No. 850)* from its being recommended by Hahnemann for indurations of the mammary glands, and in cases of hard swelling and shootings. Its use was continued till the 9th, with diminution of the hardness and hardness. As the patient continued to improve, on the following day I dropped the medicine.

On the 30th there was no pain left, the general swelling and the hardness of the gland were greatly diminished, but the improvement had made no progress for some days; I therefore resumed the use of Bell., this time at the 2000th dilution, a spoonful night and morning for 3 days. Madame D. again began to make progress, and by the 5th of January the general tumefaction of the breast had quite disappeared, but the original tumour, as large as a walnut, remained as it was. On the 10th there had made its appearance over the left mamma a red burning effluence similar to what had been seen on the right one at the outset. It went away in a couple of days.

Jan. 25th.—Little or no change. Silicea was ordered, but as it did no good, I gave Sulphur, which was equally inefficacious. At last, on Feb. 9th, as the hardness still remained, I determined to give Conium, thinking the effect of the previously given hemlock must have been wasted. This medicine presents in its pathogenesis the symptoms 157 (inflammation of the scirrhous in the breast); 198, (digging and disagree-

The numbers refer to the first edition of the *Mat. Med.* from which Hahnemann's French translation was made.—*Ed.*

able smarting in the glands) and 200 (in the evening the glands become painful). After this medicine was begun the tumour was rapidly resolved, and was completely so by the beginning of April.

In the middle of the following August, Madame D. sent for me to examine her breast in which the hardness and shootings had returned. It is to be noted that the catamenia were a week behind hand. Conium removed all the symptoms in twelve days, and since that time the patient has enjoyed uninterrupted good health.

Thus we see that this complaint which seems to have simply originated from a blow and was probably to be readily cured with Conium properly administered, took on, under the influence of large doses of this medicine for weeks together, so great a development as to make it a question whether or not the organ should be removed. Two remedies share the merit of the cure—Belladonna which removed the excruciating pain and the general swelling of the mamma, and Conium which dispersed the tumour in the gland itself,—the same medicine which, injudiciously administered, was the cause of all the sufferings of the patient.—*Jour. de la Soc. Gal.*, tome ii.

*Steatomatous Tumours cured with Thuja, by Dr. GUEYBARD,
of Paris.*

— François, æt. 34, tall, chestnut hair, pale complexion, face somewhat puffy, applied at the Dispensary, 27th Dec. 1849. He had two tumours on his back—one of them over the first dorsal vertebra, the other over the middle of the spine of the left scapula. They were of a violet colour, of a rounded shape, and slightly yielding to the pressure of the fingers. They measured across the middle, taken perpendicularly, about two inches and a half, rather more transversely. Their base was in each case a somewhat narrower attachment. The tumours might be handled without pain, but lying on the back in bed caused bruised or smarting pain, which used to go off in the course of the morning. There were no other morbid symptoms unless it were constant thirst.

The patient had been operated on three times for the removal of similar tumours—the first time in 1840, for one which had been growing for six years; the last time in November, 1848, by M. Roux, at the Hotel Dieu of Paris, a few days after which the present tumours began to form. All of them had occupied nearly the same situation as these, and like them had been at first of a pale yellow, and afterwards of a violet tint. When cut into they were found to consist of a cheesy substance. At the last operation the largest one was found the least dense, and its base was quite soft. Once, in June 1844, under the influence of gastro-intestinal inflammation, the tumours disappeared spontaneously, but returned when the patient was convalescent.

When an apprentice, François occupied a cellar dwelling; afterwards

gave up his trade of looking-glass maker, attributing his complaint to vapour of quicksilver. He had had scabies twice; he had not had syphilis.

I opened the treatment with *sulphur*; then gave successively *silicea*, *z.*, *merc. sol.*, *calc. carb.*, *iod.*, and *carb. veg.*, without any decided improvement, though *sulphur* and *carb. veg.* lessened the pain, and the pains diminished for a time under *hepar*.

On Aug. 27th 1850, I ordered *thuja* 15, a drop in 120 grammes of water, a spoonful every morning. I saw the man again on 1st October; the swellings had been completely dissipated by resolution, and their place occupied by slight depressions of the surface filled up by withered-looking skin. On 3rd of November I repeated *thuja* at the 30th, with a view of combating the morbid diathesis; six months have elapsed since then without any re-appearance of the complaint.—*Journal de la Soc. Gall. de Méd. Hom.*, tome ii, p. 91.

Sciatica.

S., a cabinet-maker, 56 years old, of athletic figure, otherwise always well, was attacked eight months ago with a violent tearing burning pain, that proceeded from the tuberosity of the right ischium, following the course of the sciatic nerve, and spread over the thigh, the knee, and the leg. It generally came on at night, and increased in intensity every minute, until he was obliged to get up and walk about the room, when the pain went off almost completely. During the day when at work he did not feel it, and even when he sat still he had very little pain. Nothing was to be seen on the affected extremity, and the strongest pressure occasioned no pain. Cupping, leeches, blisters, inunctions of all kinds, and finally, opiate suppositories were used for six months, not only without benefit, but the nocturnal pain was always worse. The patient who had been so extraordinarily strong, was very much reduced, by being deprived of sleep for eight months, so that he could scarcely do the least work, when he came under my treatment in August, 1849. The selection of the right remedy seemed to be easy; I prescribed what had always been of use in similar cases, *Rhus toxicodendron* 3, (dec.) 3 drops in 3 oz. of water, a tea spoonful to be taken every night at bed-time. The result surpassed my own and the patient's expectations. After the first dose he was able to sleep, for the first time for a long period, as soon as he lay down in bed, and it was not till after midnight that he woke up with a little pain in his thigh, which went off after taking another tea spoonful of the medicine, and he again fell asleep. The next morning he awoke much refreshed by a good sound sleep. Made him take the above mixture for a few days longer, whenever the pain seemed to be returning. It did not, however, recur, and he has remained ever since (for two years) quite well. A remarkable feature in his case is, that shortly before he came under Dr. V.'s treatment, he had

taken for two weeks from 15 to 20 drops of strong Tincture of Rhus daily, without the least effect.—Dr. Villers, *Hom. Vierteljahrsch.* ii, 425.

Cancrum oris.

Dr. Arnold had repeated opportunities of treating this disease during the summer and autumn of 1851. The disease was generally preceded by some slight indisposition, such as greater irritability, depression of spirits, loss of appetite, disinclination for play, sometimes slight fever and thirst. Along with increased flow of saliva, the gums and inner surface of the lips became tender, so that the children could not bear them to be touched. The mucous membrane of the mouth appeared discoloured, on some places bluish, on others pale, covered with viscid mucus which dried into brownish crusts on the lips. These spots speedily increased in number, and changed into corroding, discoloured, and very painful ulcers. He was generally only called to the patients when these ulcers had already formed. The lips were generally swelled, and slimy saliva flowed out of the mouth, which caused upon the cheeks, and even on the hands where it came in contact with the skin, ulcers similar to those in the mouth. The glands beneath the jaw were at the same time usually swollen and painful. The gums, lips, and tongue were still more tender, so much so that children in whom the disease had reached a certain height, could not be persuaded to take food or to allow the parts to be washed. The common application of Spirits of salt and honey caused excessive torture. The children, subjects of this disease, were either decidedly scrofulous or of very lymphatic constitution; many resided in damp dwellings, some quite close to the river; most of them belonged to the lower classes; they were generally well fed, some too much so, and quite clean. The exciting cause seemed to be the damp summer. The symptoms indicated Arsenic. The first child Dr. A. treated was a stout girl of two years of age, clean and well kept. The disease had already reached a great height when the child came to him. He began with the 6th decimal trituration of Arsenic, and gave half-a-grain of this 4 times a-day for the first two days. No curative effect followed. He then went to the 4th decimal trituration, and gave one grain of it, which soon had a wonderfully soothing effect, for the child fell asleep and awoke some hours later quite cheerful. Three similar doses were given daily for four successive days, and the amendment was so great that Dr. A. thinking the child was well, discontinued the medicine altogether; but two days later he was informed that the ulcers, salivation, sleeplessness, and other symptoms had again made their appearance, but in a slighter degree. He prescribed again the same preparation of Arsenic, the first dose produced a soothing effect; after the second the child could take food, and in four days the cure was complete. The medicine was however continued for two days longer, 2 doses a-day, in order to prevent a relapse. The same treatment was had recourse to in the other cases, and

with an equally favourable result. No aggravation was ever observed from these doses. Dr. A. often found that the 6th decimal trituration produced no curative effect at all.—Dr. Arnold, *Zeitschrift f. Hom. Klinik*, i, p. 39.

Menstrual colic.

A strong plethoric girl of 22, healthy, except in the point about to be alluded to, had suffered from the first commencement of her monthly illnesses, from very violent pains in the back and loins during the two first days of the catamenia; according to her description the pains were similar to labour pains; the 3rd day there were as violent cutting pains in the abdomen, and the last day very severe pressive headache that made her unfit for any work. The period of the day and the external operation of cold or heat, produced no change, the pains were always equally severe; the patient was forced to bend down with the pain, but this position produced no relief. She never slept at night during the whole continuance of the catamenia, and in her agony tore the bedding to pieces. The menses came on every three weeks, and the discharge was copious and dark. In consequence of her sufferings, this girl who had been pretty robust became considerably emaciated. When she came under my treatment in 1836, I relieved the backache in her first illness by means of Belladonna, the abdominal pains by Pulsatilla, and the headache by Ignatia, so that the patient was pretty well pleased with the effect of the treatment. At the next period the same pains, the same treatment, and so on during several monthly illnesses. Though quite satisfied that I had chosen the remedies quite in accordance with the symptoms, particularly as the pains always rapidly subsided after their administration, yet I perceived that this treatment was only palliative in its nature, for at each recurrence of the period the pains were there in all their original intensity. Therefore I resolved to overlook the mere symptoms, and as the cause of the sufferings was undoubtedly only an inflammatory irritation of the womb, the next time the pains in the back set in I gave *aconite* 6, one drop every 4 hours. On this the pains soon ceased, the patient could sleep at night comfortably for the first time, and next morning she felt no pain either in the back or head. The next time the menses did not recur until four weeks had passed, the slight accompanying pains in the back were relieved by two doses of Aconite, and the patient remained free from all other sufferings. From this time forward the periods came back regularly every four weeks, and it was only when they began to flow that there was some inconsiderable pains in the back, as is the case with most women. This girl married a few years afterwards, and now, after thirteen years, she has had no recurrence of her former sufferings.—Dr. Elb, *Zeitsch. f. Hom. Klinik*, i, 4.

Vicarious menstruation.

A young girl of 18 consulted Dr. Kapper for the following symptoms.

Her appearance betrayed no sign of ill-health. She had never had any serious disease excepting scarlatina. When she was 16 she experienced fulness in the abdomen, pain in the small of the back, tired feeling in the legs. These symptoms however never lasted long. She regained her healthy state, but the symptoms always recurred at the interval of a few weeks. When 17, they recurred regularly every month, and she applied to a physician who pronounced them to be symptoms appertaining to the catamenial function, and prescribed warm foot baths when they should recur. This treatment however had no effect, and the symptoms only increased in intensity, and there became conjoined with them violent headache, dazzling of the eyes, twitches in the nose, tightness of the chest, fulness in the mammæ, and oppression of the stomach. The physician counselled bloodletting, which the girl however would not consent to, and in a few days all the symptoms went off except the tense feeling in the mammæ. About the end of the 17th year, on the occurrence of the above symptoms, violent epistaxis occurred, which gave great relief. The next period was attended by a flow of blood from the mammæ. The physician now prescribed warm sitz baths, leeches to the thighs, and purgatives, but without avail, for the next period was also accompanied by epistaxis and hemorrhage from the breasts. Some purgative mineral water was now given for a considerable time, but without any good result; the water only produced violent pains in the stomach. She now had recourse to homœopathy, consulted Dr. K., who prescribed *pulsatilla* 15, a drop in milk-sugar every other night. After twelve doses a slight show of catamenial discharge by the proper natural outlet appeared, and no blood came from the breasts. After ten more such doses of *pulsatilla*, the function became and remained quite normal.—Kapper, *Zeitsch. f. Hom. Klinik*, i, 106.

Cuprum against Tape-worm.

Dr. Kurtz informs us that within the last four years he has effectually cured upwards of sixty cases of tape-worm by means of Cuprum. The preparation he uses is *cuprum aceticum*, ten grains dissolved in an ounce of distilled water; of this solution he gives the patient according to his age and constitution from ten to twenty drops in half-an-ounce of water, and directs him to take every morning and night in half-a-teacupful of water the first day 5, the second 6, and so on, up to 25 drops for a dose. Generally after using this preparation for from ten to fourteen days, the first joints of the tape-worm begin to come away of a yellowish colour, and shrivelled appearance. When the discharge of these joints becomes considerable he directs the patients from the twentieth day of the treatment to continue to take for a week the 25-drop dose, and then to diminish the number of drops to 23, 21, 19, and so forth, until they arrive again at 5 drops, for it often happens that fragments of the parasite continue to be discharged eight or ten weeks after the treatment has been commenced; all

dead certainly, but no one can tell how long they have been dead. During all the treatment the patient should not partake of potatoes, turnips, and the like, and it is best when he makes his supper consist of soup only. Dr. Kurtz prefers Cuprum to all other remedies as a cure for tape-worm, for the others only expel the worm without killing it ; whereas, Cuprum kills it, and this mode of administering it is unattended by any bad consequences, none of the patients having even complained of sickness.—Kurtz, *Zeitsch. f. Hom. Klin.*, i. 90.

Cataract.

Mr. H., merchant, 50 years old, short of stature but healthy in appearance, with bright brown hair, consulted me in July, 1850, on account of a constantly increasing dimness of vision in both eyes, that had troubled him for several months. With the right eye he only saw objects above him, with the left only such as were at his side ; he saw these quite distinctly, whilst all objects in front, below, and to his right side, were buried in obscurity. I detected without difficulty by means of a lens, and could also see with the naked eye, a partial obscuration of the crystalline lens ; the opacity of the right lens extended over the greater portion of its lower half, that of the left one the smaller half of its right side. In the shade when the pupils were sufficiently dilated, on the outer border of the dim portion of both lenses there was a stripe a hair's breadth in thickness, quite opaque and almost quite white, whilst that portion of the cloudiness that approached the axis of vision had rather a cloudy gray appearance, and still retained a certain amount of translucency. In his youth the patient had suffered much from scrofula ; he did not remember having had any severe illness during his adult age and manhood ; six months before the commencement of his eye-complaint, he had had a severe attack of cynanche tonsillaris with considerable fever, which he suffered from for four weeks, under a confused half homœopathic half allopathic treatment ; and for a long time thereafter he had some difficulty of swallowing. Cannabis 2, 8 drops a-day, was given for three weeks without effect ; indeed the opacity only increased under its use. I then gave him 6 doses of *Calc. carb.* 3, directing him to take two doses on two successive days, and the remainder, one every eight days, or if he observed much improvement, at longer intervals. For a long time I heard nothing from my patient, and took for granted that he had become resigned to his fate, and was waiting till the cataract became ripe, in order to be operated on. But after several months he called on me in high spirits and informed me that his sight had been perfectly restored before he had finished the six powders, two of which he still had by him. I examined his eyes and found that all traces of dimness had disappeared from both eyes.—Dr. Villers, *Hom. Viertel-jahrsch.* ii, 417.

[It is obvious to all conversant with the subject that the above was no case of true cataract, the position of the opacity, the course of the disease, and its rapid cure, forbid such a supposition. The description is not suffi-

cient to enable us to judge of the exact nature of the disease, but it was evidently a variety of capsular cataract, possibly a deposit on the anterior surface of the capsule. In any case, the result of the treatment of this case does not hold out any encouragement for the treatment of true lenticular cataract, which it evidently was not.—Ems.]

Ophthalmia rheumatico-catarrhalis.

A woman aged 40, corpulent, of nervous constitution and mild character, but active and zealous, had suffered for six years from an affection of the eyes, for which she had been treated by all sorts of allopathic remedies, and was at length declared to be incurable. On separating the eyelids, which was effected with difficulty, the conjunctiva palpeb. was observed to be swollen, of a velvety aspect; the eyeball resembled a piece of red cloth, on which could be distinguished the thick, dark, and string-like vessels of the conjunctiva, and the fine, bright red vascular net of the sclerotic; the cornea was dull as if dusty, the pupils contracted, the iris discoloured; nothing abnormal was observable at the bottom of the eye. The lids were of a violet colour and somewhat swollen; the scanty ciliae matted together with yellow matter; the cheeks were corroded by the acrid secretion from the eyes. The eye was very sensitive to light, especially candlelight, but the visual power was not impaired, only objects appeared to be enveloped in a mist. The eye was the seat of burning pain of varying intensity. The most annoying symptom was a sort of boring pain in the superciliary ridge, that was worst from night till morning, depriving her of sleep, and increased to an unbearable degree during changeable and windy weather, and was aggravated by wine and coffee. When the pain was very intense, she was almost beside herself. Formerly she had often suffered from tearing pains in the limbs, but they had ceased some time. For several years past she had been liable to attacks of cardialgia, especially after dinner and after drinking coffee, which was usually accompanied by flow of water from the mouth and nausea; she was sometimes affected by costive bowels and constipation. Otherwise her health was good. She first got *Nux v.* $\frac{6}{30}$ every day, and afterwards one globule every other day. Amendment commenced in the course of a week. The cardialgia and other characteristic *nux vomica* symptoms declined, the pains in the superciliary ridge diminished, the redness of the eye grew less, and in the course of four weeks the patient's state was pretty tolerable. The amendment having come to a stop, *sulph.* $\frac{4}{40}$ was given, a dose every fourth day, but without good effect, for the pain above the eye returned with all its former violence. *Spigel.* $\frac{1}{30}$ every other day was prescribed, and this caused manifest amelioration. In the course of three weeks this pain was quite inconsiderable, so that she could sleep almost all night undisturbed, the sclerotic and conjunctiva had returned to almost their normal state, and all the accessory symptoms were at their minimum. For the remaining weakness of vision she got *Lycop.* 30, a dose every two or three days. A little increase of the inflammation was reduced by *nux v.* and *bryon.* After four months of treatment the patient was dismissed, and then there was nothing abnormal to be observed but a somewhat dull appearance of the eyes, slight redness towards their inner canthi, and a looseness of the lids: the vision was so much improved that she could both read and write at night. All the pains were gone, as also the cardialgic symptoms; bowels regular. A slight relapse in consequence of taking spirits to cure the sickness during pregnancy that occurred a year afterwards, was cured by four doses of *nux v.* 30, and since then she has remained perfectly well.—Lorbacher, *Hom. Vierteljahrschrift.* vol. i, pt. 2.

PATHOGENETIC AND THERAPEUTIC FRAGMENTS.

By W. CATTELL.

In the following papers clinical symptoms are distinguished from the pure pathogenetic by being enclosed in brackets, thus [].

Pyrocarbon.

SOME explanation of the above term may possibly be thought requisite in substituting it, for the present at least, for that of Carbonic Acid, to designate the product of wood-charcoal combustion. Chemists have not decided upon the composition of this vapour; Berzelius describes it as a peculiar combustible body, consisting neither of CO_2 , nor CO , nor of CH .^{*} Sobernheim concluded that the active poison was not carbonic acid, since its effects were manifested in a room which had been washed with lime-water: at any rate, carbonic acid was not the *sole* cause. Sachs supposed that Carbon, carried in a state of minute division into the lungs, acted through the pulmonary circulation: it is very probable that the ascending fume does carry with it floating carbonaceous matter, but that this is the active poison is disproved by the fact, that such manifestations as have arisen from the vapour, are not known to occur to men employed in charcoal houses. Burdin† gave one pound of Carbon daily, but it only blackened the stools; and the supposition is further disproved by a comparison of the pathogenesis of the two drugs. That the well-known power which charcoal possesses of absorbing within its capillary tubes many times its bulk of poisonous gases, is not the source, and that hydrocyanic acid is not formed during its combustion, has been proved by experiment. We think it therefore very probable that the fume thus given off does consist of carbonic acid, possibly at times mixed with a little marsh gas, which, however, is not an active poison; since this is often largely present in coal-mines, and yet no injurious effects are known to occur. It must not be forgotten that the fume thus generated by a process of slow combustion is imbibed *warm*; that there is a gradual withdrawal of oxygen from the air which is to be respired; moreover, that it is often mixed with a little carbonic oxide, reported to be a more powerful poison than the acid, is extremely probable, from the imperfection of the combustion; and this substance it was that probably remained in the apartment after

^{*} Lehrbuch der Chemie. Bd. I, p. 83. 1832. † Merat's Dict., art. Carbone II.

the absorption of the acid by lime-water during Sobernheim's experiment. Orfila gives the following analysis for slow combustion:—CO₂ 26; Air 38; N. 98; CH. 26—the vivid combustion giving off less CO₂, and containing twice the amount of common air. It is the former with which we are concerned, since accidents have happened invariably during slow combustion, both from the inability to induce any other by ordinary means, from the greater amount of acid it contains, and from the gradual, almost insensible, currents in which it issues into the apartment without any draught or rapid supply of air to spread it over a large extent of surface in the given time.

In the preparation of this impure carbonic acid, fumes should be obtained from slowly burning well-burnt wood-charcoal, and absorbed.—(Guy's Hosp. Rep., 1839, p. 83, &c.; Dub. Med. Trans. Jan., 1849, p. 71; Lancet, 1840, II, p. 64, 96; Lond. Phil. Jour., 1814, XIII, 367; Med. Gaz. 27, and 1846, p. 339; Monthly Jour. Med. Sc., Sep. 1847; Archives Gen. de Med. XIV, p. 210. See Schenk in Horns Archiv., 1823, p. 100, 267, 295; Pyl. Aufsätze und Beobachtungen 7 Sauvrii, p. 98; Med. Chir. Trans. I, p. 84; Portal de l'Asphyxie 25; Bright Rep., II, p. 226; Parker on Carbonic acid gas.

Pyr. Carbonaceous vapour, wood-charcoal fumes.

CLINICAL.—Phthisis (*Hufeland*), when not complicated with pleural or pericardial effusion, or with hypertrophy of the heart, and without hepatization (*Sokslow and Tschikarewski*.) *Asphyxia?* Syncope, Asthma? Tetanus? Intoxication, Delirium Potatorum? *Apoplexy*, with serous effusion, or with extravasation? *collapse of Cholera Asiatica?*

SYMPTOMS, MENTAL.—*Vague, indefinite, and intense impression of terror.* Confusion of ideas. Failure of memory. Mental faculties disordered. Extreme mental imbecility. *Delirium*, with bloody foam at the mouth and nostrils. Pleasing sensation of delirium. Furious, raging delirium.

HEAD.—Vertigo. Slight giddiness on attempting to turn on the pillow. Intense vertigo, aggravated by the slightest notice. Giddiness and sense of swimming in the head, with intoxication, or vague feeling of terror. Sensation of constriction in, or across, temporal regions, and of great weight in the head. Headache, violent and agonizing, chiefly in the occipital region. Pain in the temples, and giddiness. Violent headache, head very heavy, with diminished or

increased pulse. Headache very oppressive. Throbbing headache. Feeling of fulness and tightness across the temples and in occiput. Tightness in temples, and indefinable feeling of alarm. Intense pain in the head, with sense of constriction round temples and forehead, as if from a tightly-bound cord. *Throbbing* intense headache. Throbbing pain almost intolerable in occiput, swimming sensation, giddiness, palpitation of the heart, and constriction across temples. Strong pulsation in temples. Inflammation of the brain. *Apoplexy*, with serous effusion or extravasation of blood.

FACE.—Paralysis of left side of face. Paralysis of facial muscles. Face pale; livid, deep leaden hue.

EYES.—Vision impaired, obscured. Eyes retain their brightness. Eyes fill quickly with tears when the nostrils are plugged (from inhalation). [*Scrofulous ophthalmia.*] Pereira. Pupils *contracted*; pupils widely dilated, and contract but feebly under the stimulus of light.

EARS.—Buzzing noise in the ears. Singing, or *ringing* in the ears. Great ringing, with pungent sensation in nostrils.

MOUTH.—Acid taste in mouth and throat. Sensation of constriction in or across the throat, and round the head. Sensation of burning in the uvula. Tongue swollen and jaw locked, with great flow of saliva from the mouth. Foaming at the mouth. Spasm or contraction of the glottis. Lips *livid*.

GASTRIC.—Nausea; giddiness and faintness; sense of burning and heat at pit of stomach. Cholera Asiatica, vomiting, diarrhoea, thirst, depression and spasms. Vomiting, during the convulsions. Desire to vomit without the power. Vomiting of half-digested substances. Desire for water, which is very refreshing.

FÆCES.—Obstinate constipation. Diarrhoea, with vomiting. Colliquative diarrhoea.

URINE.—Urine contains oily-looking globules floating upon it.

CATAMENIA.—Sterility. Prolapsus uteri, with great irritation of the genital parts.

LARYNX AND CHEST.—Dumbness. Respiration noisy, short and irregular, with cold, rigidity and weak intermitting pulse. Respiration slow and *laborious*, difficult or irregular. Respiration stertorous and difficult. Suspended respiration from closure of the glottis. Sensation of oppression and tightness at the chest. [*Phthisis pulmonalis*, without hepatization of lung, hypertrophy of heart, pleura or pericardial effusion (*Sokolow*). *Phthisis pulmonalis*, tuberculosis,

fever, night-sweats and diarrhoea; purulent expectoration, loss of appetite and sleep. *Phthisis pulmonalis*, frequent hæmoptysis, cough constant, with purulent expectoration, night-sweats and sanguineous diarrhoea.] *Palpitation*, violent, of the heart. Increased action of the heart. *Very violent action of the heart.*

TRUNK AND EXTREMITIES.—Pricking in the neck; shivering in all the limbs. Surface of the body livid. Obstinate sciatica.

SLEEP.—Coma somolentum. Prolonged coma (for five days) Drowsiness; *strong desire to sleep*. Profound coma, body continues warm, limbs *fixed* and rigid; *face livid, or deep leaden hue*, especially eyelids and lips.

SKIN.—Sensation of pricking or tingling, sometimes painful. Putrefaction of secreted matter. (In indolent ulcers the discharge is improved in quality; separation of dead and mortified parts permitted.)

FEVER.—External coldness all over the body, with lividity. Coldness followed by intense heat, and sweat. Pulse throbbing, very full and quick, producing a sensation as if the arteries were rapidly distended to their very utmost capacity; the maximum impulse being accompanied by a peculiar thrill like that produced by a light touch on a piece of catgut stretched till about to break. *Pulse* 100—200 very frequent; 120 full but regular; strong and full. *Pulse feeble; diminished. Perspiration in streams.* Very profuse perspiration, with accelerated pulse.

GENERAL.—Nervous excitement. Insensibility. Great prostration of strength, and apparent emaciation. Want of capability to use any of the muscles. Failure of strength; in attempting to walk he falls. Loss of muscular power. Tetanic spasms. *Convulsions*, violent and irregular, of the whole body, with perfect insensibility, afterwards with fits of spasms like tetanus, followed by dumbness for two days (*Chomel*). Convulsions with delirium, foaming at the mouth and nostrils, and vomiting. Stertorous breathing, lips livid, flushing of the face, with strong full pulse, becoming feeble; breathing imperfect, limbs cold, muscles powerless, but twitched with slight convulsions. *Insensibility*, face pale, eyelids closed, with prominent rolling eyes; tongue swollen, and jaw locked, with great flow of saliva from the mouth. *Stupor* and insensibility, the skin of her leg is burnt to a cinder without her consciousness. Stupor followed by furious *delirium*, or by a state like somnambulism. The eyes always retain their brightness. He is conscious the room is entered by strangers,

and hears himself called by name, yet is without power to answer or show any signs of understanding (*Fallot*). Syncope. - Loss of volition, respiration slow and laborious, pulse 40—50, surface cold and livid, lips blue or violet, eyes retaining their lustre, tetanic convulsions; raging *delirium*, white or bloody *foam at the mouth and nostrils*; vomiting, or tongue protruded and clenched firmly between the teeth, countenance calm and placid. Soreness all over the body, with pain in the head. Loss of mobility, and of muscular power. Great prostration; he cannot maintain the erect posture. Singing in the ears, face pale, lips livid, hands faint purple; pulse 120, regular and feeble; pupils widely dilated, contracting but feebly to light; extremities cold, respiration rather laborious and irregular. Inability to maintain the erect posture. Helplessness. Comatose; respiration stertorous, pupils contracted, eyes glazed, face pale; pulse 50, feeble; skin covered with perspiration. Tetanic, violent spasms. Hysterical sobbing and nausea. Body cold and rigid, thumbs turned in, pupils dilated, eyes fixed, eyelids closed, face pale, teeth clenched. Body swollen.

PATHOLOGY.—Oily-looking globules floating on surface of blood, with small irregular purple blotches on surface; pupils dilated, countenance placidly calm.—Comp. Bright's Reports of Cases, II, pt. 1.

HEAD.—Vessels of brain congested, ventricles contain serum. *Cerebral vessels gorged*. Serous effusion under arachnoid and into ventricles. Effusion of blood between arachnoid and pia mater and at base of brain, over whole surface of both hemispheres (*Nuttzendorf*). Small ecchymosis in cortical substance on inner side of anterior lobe, not extending into medullary matter (*Bright*). Coagulated blood between layer of arachnoid membrane of cerebellum in region of left occipital hollow (*Fallot*). Very dark liquid extravasation. Blood in brain *florid* or dark. Vessels of dura and pia mater injected, sinuses full of blood; blood in basilar arteries, and in those of corpus callosum coagulated. Subarachnoid serous effusion, chiefly on superior surface; also in lateral ventricles, and at base of brain. Surface of brain injected reddish, or spotted red; cortical substance softened, as if from past inflammation. Serous effusion in one or both ventricles. Surface of cerebellum covered with turgid vessels; extravasation of blood from ruptured vessels. Effusion of blood between arachnoid and pia mater, dipping down between the convolutions, and extending over cerebellum, and into lateral ventricles. Circle of Willis and spinal veins filled with blood; chord softer than natural.

THORAX.—Lungs distended, as if *emphysematous*. Lungs very dark, almost black, with red edges; vessels turgid with blood. Effusion of reddish serum into pleura and pericardium. Lungs full of *air*, or *blood*, or collapsed. Blood fluid, *florid* or black; or spotted with black. (From presence of carbonaceous particles?) Heart and great vessels gorged with black fluid blood; fibrous coagula in ventricles; mitral valve slightly thickened (prior disease?) Frothy mucus in *trachea*; lining membrane injected, florid, especially about bifurcation of bronchi. Vascularity of mucous membrane of pharynx at base of tongue. Lungs feel solid when cut into.

ABDOMEN.—Tongue *black* and swollen, protruded, and firmly clenched between the teeth (*Wildberg, Portal*). Mucous membrane of cœcum deep purple, as if ecchymosed, of unusual thickness and consistence; bladder empty and firmly contracted. Orifices of stomach inflamed.

Chlorine.

Chl. Nysten Recherches, 142. Wallace on Chlorine (Lond. 1822,) Christison, 736. Gregory, Outlines of Chem. Br. For. Med. Rev. iv, 213. Cogswell on Iodine, &c., p. 82. L. Med. Gaz. viii, p. 410 and 472. See case of Kastner in Wibmer. 2^{er} § 109. In Scarlatina, Lon. Med. Gaz. iv, 432.

Antidote to large doses, Hydrosulphuric acid; Albumen. It antidotes—Hydrocyanic acid.

CLINICAL.—Chlorine, *largely diluted* in phthisis, alleviates the symptoms; and those exposed to its influence in manufactories, who breathe it largely *diluted* with air, are less liable than others to phthisis, and attain a considerable age. It has been recommended in asthma and chronic bronchitis. *Phthisis?* Aphthæ? Mercurial affections? Pneumonia? Urticaria? Skin diseases? Hepatic disease, (Wallace).

SYMPTOMS, MIND.—Tranquil and active.

FACE.—Swollen face, with protrusion of the eyes. Abundant discharge of mucus from the nostrils.

MOUTH AND THROAT.—Salivation. Soreness of the mouth, fauces and œsophagus, as if the tongue had been burnt; as if he had been eating vegetable acids, or as if his teeth had been injured by acids. Increased vascularity and minute ulcerations in mouth and throat. Inability to swallow. Abundant expectoration of mucus.

GASTRIC.—Acidity. Inflammation of the stomach. Increased secretion of bile.

URINE.—Urine possesses bleaching properties. Urine loses its power of reddening litmus paper.

LARYNX AND CHEST.—Cough, with spitting of blood. Spasmodic cough. Chronic cough. Hæmoptysis. Violent cough, sensation of constriction in the air-tubes, tightness and suffocation. Violent spasms of the glottis. Violent irritation in epiglottis, larynx, and bronchial tubes; cough, tightness, and sensation of pressure in the chest. Inflammation of air-passages and lungs. Phlegmonous inflammation of bronchial membranes. Respiration frequent; also the pulse. Great difficulty in articulating or breathing; abundant discharge of mucus from the mouth and nose; severe sneezing. Inflammation of the pleura in a dog from injection (*Nysten*). Consumption. Sensation of warmth in respiratory passages; increased secretion from mucous membranes, and increased expectoration. Inflammation of the lungs and air-passages. *Phthisis*. *Alleviates the symptoms in phthisis pulmonalis and prevents it.* Respiration and heart's action much increased. Aphonia for six months from damp air. Loss of voice for seven months.

FEVER.—Perspiration increased. Copious perspiration. Pulse diminished. Night-sweat during sleep, with a genial glow all over the surface of the body. Pulse frequent. Heat of the surface of the body.

SKIN.—*Excessive sensitiveness of the skin. Cutis anserina.* Skin like cutis anserina, dry, yellow, and shrivelled; sensibility diminished (from application of pure Chl.) Skin red and painful, becoming tumid and swollen; and thickened, as in facial erysipelas. Inflammation of the cuticle and ulceration. Furfuration; slight desquamation. Accumulation of blood in the capillaries of the skin, with heat. Determination of blood to the skin, with eruption of *minute papillæ*, chiefly on the back, loins, breast, abdomen, and arms; so close that the skin has a general red appearance at a short distance, like injected papillæ of cutis anserina; the papillæ suppurate and vesicate, or desquamate. *Itchiness*, with greatly increased sensibility; he tries to avoid scratching; slight smarting. Sensation of stinging or biting in different parts, as of very minute insects, indescribably transient and minute, occurring here and there at intervals on the arm, back, abdomen or lower limbs, as if an insect flitted over the part and stung it; increases, with a desire to *slap* the part with the palm, so as not to allow any rest. Stinging, pricking sensation in the skin for several hours. Stinging, as of a nettle. *Urticaria*

febrilis. Nettle-rash, wheals white, small, in clusters, surrounded by diffuse redness. Eruption of minute vesicles, thickly studded all over the skin; on the shoulders their bases very nearly touch one another; they disappear on second day, leaving minute red and livid spots. Stinging sensation, succeeded by symptoms like those from cantharides, which subside after half-an-hour, succeeded by soreness and bruised sensation for some days; replaced by itching sensations, the cuticle coming off in thick scales as in psoriasis.

GENERAL.—Loss of fat. Immunity from contagion of (Irish) epidemic fever; from the contagion of fevers? variola? Has no effect on that of cholera, or facilitates it? Absorption of the fat. Nervous sensibility. Pleasant feeling of warmth and diminished sensibility from application of pure *Chl*.

PATHOLOGY.—Irritation of the stomach; general redness and blackness; ulceration of its villous coat.—(*Orfila* I. 141.)

There exists a hydrate in yellow crystals, which might prove a useful medium for its preparation; it is, however, very soluble in water. Unfortunately the exhibition of Ars. Hydrogen is deprived of such practicability.

Cantharis.

Canth. Med. Gaz., May 1847; Ed. Med. Surg. Jour., Oct. 1844, p. 563; Prov. Med. Jour., Feb. 1843, p. 405; Taylor's Med. Jurisp., Guy Forensic Med., p. 507; See Med. Times, xix, p. 287.

CLINICAL.—Bright's disease of the kidney? Hydrophobia?

SYMPTOMS.—Mucous membrane of mouth red and covered with small blisters. Convulsions with horror of liquids. Urgent thirst with burning pain in the throat and stomach. Very anxious countenance: tongue swollen and thickly coated. Pneumonia. *Urine deposits albumen, or contains it in solution.* Pulse 130, weak, and tremulous. Psoriasis. Eczema. Vomiting of greenish offensive matter. Pain in the lumbar region; micturition frequent and painful, *urine turbid and scanty.* Painful obstinate priapism. *Urine bloody.* Satyriasis. Great coldness of the surface; pulse imperceptible. *Marasmus.* *Strangury*, great heat in the bladder. Furious delirium. Acute inflammation of the stomach. Paralysis of lower extremities, and weak arm, without apparent spinal tenderness. Abortion (Pereira). Burning sensation in throat and pit of stomach, increased by pressure; diffusive swelling extending over whole abdomen. Nausea, vomiting of bloody mucus, and violent griping pain

in abdomen. Salivation. Pain in the loins, and incessant desire to urinate,—he passes only a small quantity; he passes blood or bloody urine. Diarrhoea of blood and mucus. Severe priapism; with swelled genitals. Genitals inflamed. Inflammation of whole alimentary canal, ureters, kidneys, and internal organs of generation. Mouth and tongue seem deprived of their mucous membrane. Mucous membrane of stomach pulpy, easily detached; kidneys inflamed. Brain congested. Ulceration of the bladder. (Taylor, Med. Jur.) Delirium and convulsions. Great restlessness; respiration laboured; pulse quick and hard. Vomiting of tenacious mucus, taking the form of the gullet; or even of mucous membrane itself; eyes red, lacrymation; violent nausea. Vomiting and strangury, followed by inflammation of kidney (Westminster Med. Soc., 1836—45?).

F., æt. 29, married; a 3j. Appears intoxicated and crazy. Excruciating pain over abdomen, worst over hypogastric region and scrobiculus cordis; increased by pressure. Abdomen swollen to size of full period of utero-gestation, tense and tympanitic. Tongue rather pale and dry. Face flushed, anxious expression. Urine increased in quantity, containing organized lymph and a substance resembling mother of vinegar. Pain in the region of kidneys and bladder (N. Y. Jour. Med. Sc.) in L. M. Gaz. N. S. vol. I, p. 63.

7 a.m.—3j tr. a. ½h. General uneasiness, seeming to originate in the stomach, soon increasing, and accompanied by prostration, slight shiverings, restlessness and desire to vomit (cup of coffee without relief). He had scarcely journeyed half a mile when he was obliged to dismount from the distressing sensation in his stomach and his strong desire to vomit; takes a glass of water which is returned again; nausea increases; distressing sensation in stomach, he gasps for breath; general chilliness. Fauces abraded and blistered. Burning sensation along œsophagus intolerable whilst drinking (3ij Cyprus wine). Vomits the water he drinks with a considerable quantity of blood. Vomits sometimes with, sometimes without blood. At night, intense thirst and fever. Painful sensations along urethra, pruritus of glans penis and retention of urine (removed by local application of ice). *Midday*.—Profuse salivation, margin of tongue and gums covered with aphthæ, teeth loosened, increasing for two days and lasting seven days. 3rd day.—Sense of prostration of strength, with feeling of emptiness in stomach and irresistible desire for food; wine refreshes him. Surface covered with cold clammy sweat; sense of constant burning in throat, most intense at top of

œsophagus and descending down towards stomach; throat feels "on fire;" swallowing very difficult. Great depression, incessant moaning; pulse accelerated 20 beats per minute. Vomits frothy mucus, tinged bright red (bloody). Throat swollen; erysipelatous blush of inflammation and turgid veins running across fauces. Severe stranguery, urine passed in small quantities. *Tongue highly furred, red at the edges*; pulse 104, full, regular; great thirst, constant sputa, frothy and bloody; gums red and swollen, tonsils swollen, uvula relaxed. *Eructations of sour frothy mucus tinged bright red*. Aphthous ulcer at back part of fauces, size of sixpence, covered with whitish adherent crust; a similar one on side of right tonsil; sublingual glands swelled and red. Copious salivation, gums red; pulse 98, full and soft. Inside of mouth inflamed and ulcerated, salivation *without coppery taste*. Urine scalds him, it is passed drop by drop.

See also Maxwell's three cases (?); case of f. æt. 16, at Windsor, Jan. 1841, exhibited for itch (?); case tried at Central Crim. Court Sept. 1836, f. æt. 17, a 3 vj (?).*

Liquor Ammonia.

Ammonia.—GENERAL SYMPTOMS.—Great debility; anxious countenance; pupils widely dilated. Faintness and giddiness. He falls backwards insensible as if choked. Sense of constriction in throat and of impending suffocation; difficult articulation and breathing; face covered with red spots, and bloody froth issues from the mouth and nostrils; tongue vividly red as if denuded of its epithelium, and in places, together with the cavity of the mouth, covered with mucus as if with a false membrane. Great thirst, but the attempt to swallow causes violent coughing and mucous expectoration. Face burning to the touch; eyes red; pulse feeble, irregular and frequent.

GASTRIC.—Great difficulty of deglutition; tongue white and furred, painful and tender. Great pain and tenderness at epigastrium and in left hypochondrium. Violent vomiting. Heartburn. Severe burning pain down throat and in epigastrium, which is tender on pressure.

FÆCES.—Stools bloody.

CHEST.—Acute bronchitis, afterwards he suffers with aphonia for

* Br. For. Med. Chir. Rev. vi, p. 281; Neale, Omedei Annali, cxxv, 344; L. Med. Gaz. 1841-2, ii, p. 63; Maxwell, Jamaica Phys. Journ. May, 1835.

nearly a week. Difficult articulation. Croup in an epileptic. Voice weakened to a whisper. Respiration difficult. Pneumonia. Cutting pain in throat extending to chest; respiration very feeble.

EXTREMITIES.—Convulsive twitches of right arm.*

Ammonia sesquichloridum.

Amm. scl.—Croup. Stupor and insensibility; severe irritation about the fauces.†

Sapium aucuparium.

Sap.—Recommended in syphilitic condylomata; induration in elephantiasis, &c.

SYMPTOMS.—Nostrils swollen; erysipelatous phlegmiasis of the nose. Tumours, swelling and inflammation of inguinal glands.

Amygdalus amarus.

Amyg. am.—Ed. Med. Surg. Jour. xxii, 232; Guy's Hosp. Rep., N. S. iv, p. 478; Lanc. 1845, ii, p. 512, &c. Metzdorf in Christis., p. 718. See Dr. Cronin's case, Feb., 1847.

Ant.—Alcohol?

SYMPTOMS, GENERAL.—Epilepsy. Intoxication. *Convulsions*; eyes open, staring, fixed pupils; or with jactitation of the arms. Violent tetanic convulsions with complete opisthotonos, head and neck drawn backwards, elbows drawn behind the back and firmly fixed there. Strong convulsive twitchings of the muscles. Excitement as after drinking champagne, succeeded by sudden insensibility. *Insensibility*; absence of radial pulse on either side; extremities almost bloodless; face natural; considerable swelling and undulatory motion of jugular veins; carotids beat full and quick; spasms of extremities, limbs completely relaxed and feet lifeless when lifted; eyelids closed, both eyes drawn to left side; pupil dilated, eye brilliant and glassy without mental expression; jaw firmly clenched in rigid spasm; respiration slow and gentle; or with face very livid, lips separated, teeth clenched, much froth about the mouth; eyes half shut and glassy, pupils dilated, directed upwards and irregular, especially the left, iris immovable; regular respiration had ceased, chest expanded at intervals by convulsive action; heart's pulsation

* Lancet, April, 1846; Nysten, Bulletins de la Soc. de Med. iv, p. 352; Jour. de Pharm. Oct. 1846; Amer. J. Med. Sc. in Lond. Med. Gaz. xxix, p. 205; Conf. Sanchard Ann. d'Hygiene, Jan. 1841.

† Taylor, Med. Jurisp. p. 126; Sanchard Ann. d'Hyg. Av. 1842.

extremely feeble, scarcely perceptible, absence of radial pulse: or with face deathly pale, eyes fixed and open, pupils dilated; rolling and panting for breath. Muscular power diminished or entirely lost; he is afraid of falling. Syncope, face deathly pale, and nauseated. Syncope, face deadly pale; pulse imperceptible; after a few minutes, revives and vomits some undigested food and bile, (aft. $\frac{1}{2}$ min. Ess. Oil 3 ss. Chavasse.)

SKIN.—Pallid skin. Wheals over the whole skin. Urticaria febrilis. Fever. Coldness of the surface. Body cold. Pulse slow and vibrating; strong, or frequent and wiry; rapid and feeble; quick and intermittent. Pulse 30, very feeble in carotid and radial arteries. Pulse 100, 130-40, very small, thready.

SLEEP.—Yawning; irresistible tendency to sleep. Drowsiness. Coma, with stertorous respiration and involuntary micturition and stools; she raves suddenly and looks wildly around her, with fully dilated pupils and indistinct vision.

HEAD.—Vertigo, with nausea and dimness of sight. Faintness and pallid look. Stupor. *Delirium*; he mutters to himself and converses with persons not present; speaks incoherently. *Delirium*; face lit up with an expression of excessive joy, eyes shine *brilliantly*, with quick intermittent pulse. Sense of weight and oppression at top of head. *Delirium* with slight convulsions.

FACE.—Face very deadly *pale*. Face *livid*. Features distorted; eyes turned upwards, projecting out of their sockets. Livid countenance, eyes half shut and glassy, pupils dilated and fixed, lips separated and teeth clenched. Upper eyelids convulsed for some hours. Excessive *brilliancy of the eyes*. Eyes brilliant and glassy, without mental expression. Eyes glassy, pupils directed upwards and irregular, especially the left; iris immovable. Eyes drawn to left side. Pupils *very contracted*, to size of a pin's head. Pupils dilated to their fullest extent, she cannot see distinctly. Sight confused. Face placid and deadly pale; eyes rolling from side to side, half open; pupils dilated; the lid does not move when the eye is touched. Features spasmodically contracted, eyes fixed, staring and turned upwards.

MOUTH AND THROAT.—Froth about the mouth. Rigid spasm of the jaw. *Swallowing impossible*. Rattling in throat. Excessive burning heat in laryngo-pharyngeal region. Burning sensation in throat.

GASTRIC.—Nausea with paleness. Vomiting. Vomiting of un-

digested food and bile. Unpleasant indescribable sensation in epigastrium. Pain and heat in epigastrium without tenderness. Hic-cough.

FÆCES AND URINE.—Involuntary stools and micturition.

LARYNX.—Hoarseness; talking distresses her.

CHEST.—Hurried convulsive heaving of the chest. Violent and rapid heaving. Heaving of the chest at intervals. Chest expands convulsively at short intervals. Respiration 12, regular, slow and prolonged, with throat-rattling; *convulsive and at intervals* very short with fear of suffocation; panting, becoming slow and deep. Pulsations of heart extremely feeble, scarcely perceptible.

TRUNK.—*Opisthotonos*. Weakness of the limbs. *Extremities bloodless*, and feel lifeless when lifted. Extremities numbed, arms and hands cold and livid, and sleepiness; or supple and powerless. Jactitation of the arms. Considerable swelling and undulatory motion of jugular veins; carotids beat full and quick.

PATH.—Venous system gorged with dark liquid blood; *lungs congested*. Gastric mucous membrane red, *congested*, especially at cardiac end. Right side of heart gorged with dark fluid blood. Gastric mucous membrane pale, with some red petechial patches along greater curvature. Congestion or turgescence of vessels of brain; general effusion on both hemispheres. Dura mater gorged. Blood, muscles and bile of a violet colour. Mucous coat of stomach softened. See further, *Lancet*, 1845, ii, p. 512. (Letheby) and *Prov. Med. Surg. Jo.*, Jan., 1846.

Colchicum autumnale.

Colch.—**SYMPTOMS.**—Profuse epistaxis. Eyes staring, full, congested; pupils dilated; pulse 170, full, bounding and incompressible. Respiration short and hurried. Head bent forwards upon the breast, the arms hang listless. Urine bloody; frequent, violent diarrhoea, with violent colicky pains. Skin cold. Respiration difficult. *Severe cramps in soles of feet*. Intense *thirst*; pulse slow, small and thready. Copious vomiting of yellowish fluid; great tenderness and severe pain in abdomen. Tenesmus. Incessant diarrhoea with vomiting (stomach violet purple hue). Salivation. [*Chordee* after gonorrhoea.] Urine rises in sp. gr. from 1009—1037, from increased urea and urate of ammonia. Stools bright yellow. *Retching* and copious vomiting of yellowish fluid. Pain in epigastrium as if pierced with a knife. Retching violent and incessant

without vomiting. Tenesmus. Pulse small, slow, feeble; feet cold. Countenance anxious; features sharp; cheeks, lips and eyelids purple. On attempting to walk he thinks he shall lose the use of his limbs. Vomiting of fluid like coffee grounds. Thirst. Sleepless nights. Eyes run; pulse scarcely perceptible, occasionally intermittent. Respiration hurried. No urine passed. Loss of sight for a minute or two on getting out of bed. Talks with effort.

PATH.—Purple efflorescence on face, neck, upper front part of thorax, inside of thighs, scrotum and groins, in patches. Great curvature tumidness between stomach and convexity of liver behind, and diaphragm in front (from retching). Peritoneum and jejunum red from blood effused, between it and muscular coat. *Stomach* and intestines covered with thick tenacious colourless mucus, a red patch size of a half crown at cardiac orifice corresponding to greater curvature. Urinary bladder contracted and empty. *Pleuræ costales* much reddened. Lungs beautiful purple externally, no crepitation, gorged with black blood effused under *pleura pulmonalis*, in spots of various sizes and numerous about their roots and edges. Ecchymosed spots in pericardium at its attachment to tendon of diaphragm, and on heart itself, especially about centre of coronary vessels; right side of heart and vena cava gorged with black blood.*

M., æt. 52, a tablespoonful of seeds, evening. Vomiting during the night; he passes more than 15 stools, followed by painless weakness next morning. Abdomen distended, contracts spasmodically when touched; pulse small, rather quick; stools very foetid, containing a quantity of whitish looking membranes. Next morning: Face pale, eyes sunk in the orbits, pupils very much dilated; respiration hurried, groans much; tongue coated with whitish fur, with great difficulty protruded. Region of stomach painful. Breath, face, and extremities cold; pulse very quick, scarcely perceptible. Diarrhoea constant, containing clear blue-coloured matter in considerable quantity. Intellect confused. **PATH.** after 24 h. Mouth spasmodically closed; rigidity of all the muscles; abdomen extraordinarily rigid, covered with violet and greenish blue spots like rays, not circumscribed, most numerous in region of stomach and sides of abdomen. Muscles deep blue, as if dried in air. Trachea inflamed at its bifurcation. Lungs collapsed, pale, soft to touch, not diseased.

* Med. Gaz. x, p. 160; Ed. M. and S. Jour. July, 1841; Dub. Hosp. Gaz. Oct. 1845, p. 52; Pharm. Times, Jan. 1847, p. 354; Ann. d' Hygiene, ii, p. 394, 1838.

Heart turgid with coagulated blood, covered with spots of violet, black and brown colour. Stomach of light violet colour, deep at cardiac orifice. Veins of stomach and intestinal canal distended with dark blood. Liver violet over its concave surface; gall-bladder much distended with green bile. Some red-brown mottlings on surface of intestines.*

Agaricus muscarius.

Agar.—SYMPTOMS.—Anxiety; sense of suffocation; ardent thirst; intense griping pains; pulse small, irregular. Universal cold sweats; expression of countenance changed; nose and lips tinted violet; general trembling; foetid evacuations; limbs cold and livid; dreadful delirium (in four persons). Raving madness (*Haller*). Giddiness and intoxication; cheerful emotions; involuntary words and actions; entire loss of consciousness; great muscular activity; violent spasmodic actions; in stepping over a straw he takes a stride and jump sufficient to clear the trunk of a tree. A talkative person cannot keep secrets or silence; one fond of music, is perpetually singing.

Agaricus campestris.

Agar. camp.—SYMPTOMS.—Depraved habit, leading to external suppurations and gangrene. Kind of tertian fever. Formation of abscesses, which discharge a thin, ill-conditioned pus, and pass rapidly into spreading gangrene. Greenness of the skin.†—See *Beddoe's three Cases*, *Ed. M. and S. Jour.* xix, p. 200, and *Med. Gaz.* xxv, p. 110.

A. campestris?

In cattle:—Urine bloody; nauseous milk; abdomen swollen; inflammation of intestines. In sheep:—Scirrhus liver; cough; general wasting and dropsy, in eight cases. Hydrophobia in a cat. In eight cases in the human subject:—Great abdominal pain at intervals; nausea; severe cholic; vomiting and purging of liquid matter, with severe thirst; abdomen retracted; tongue red and parched; severe cramps; pulse hard, weak, rapid, irregular; pulse feeble; somnolency; slight delirium; skin cold, covered with cold sweat; face humid, hippocratic; eyes sunken, with livid circle; respiration irregular.‡

* *Neukrandt. Med. Correspondenz.* 1840; *Ed. Med. and S. Jour.* lix, p. 262.

† *Rust's Mag.* xvi, 115; *Jour. de Pharm.*, Sept., 1836.

‡ *Bellini Ann. de Therap.* 1851.

Agaricus semiglobatus.

Agar. s.—Spirits exhilarated; stupor; severe pains in the bowels, increased by pressure, with violent purging and vomiting; fatal convulsions. Miscarriage in second month; pulse 100—120. Tongue parched, slightly streaked with white; urine scanty.*

Agar. campanulatus.

Agar. camp.—Sudden dimness of vision; giddiness, debility, trembling, and loss of memory; recollection restored and lost again; he loses his way; countenance expressive of anxiety; he reels about, and can hardly articulate; pulse slow and feeble; great drowsiness; languor and weakness.†

Agaricus bulbosus.

Agar. bulb.—He staggers as if intoxicated, and with odd gesticulations labours to express his sufferings, but cannot articulate a syllable. Delirium, with faint, indistinct dreams. Pulse slow, and somewhat irregular. Pupils dilated much, with imperfect vision. He seems very averse to lying down, and his restlessness and impatience lead him to make frequent attempts to walk about the room, but without any fixed object or design; unable to answer questions, or express his feelings by words. Slight convulsive motions in the legs and arms, which gradually extend to the muscles of the trunk, and cause irregular distortions of the whole body. Upper extremities swell, and assume a livid colour. Abdomen feels hard and tumid. Vomiting of an offensive greenish-coloured fluid.

Agaricus procerus.

Agar. proc.—Giddiness and staggering, as if intoxicated; insensibility. Occasional convulsive spasms. Furious delirium, with frantic cries and vehement resistance to remedies, followed by a state like delirium tremens. Pupils contracted, dilating as sensibility returns. Drowsiness and debility.‡

Agar. panterimus.

Agar. pant.—Delirium; maniacal disposition to rove; convulsive movements. State of consciousness resembling coma.§

Amanita citrina.

Aman. cit.—Vomiting; deep sopor; violent true cholera; coma and lethargy.||

* Lon. Med. and Phys. Jour. xx.

† Lond. Med. and Phys. Jour. xxxvi, 451.

‡ Ed. Med. Jour. xix, 92.

§ Christ. 923.

|| Orfila, ii. 433.

Helvella esculenta.

Helo. esc. (Red mushroom.)—In 7 cases. Vomiting (of green vegetable matter, with mushroom). Coma for three days. *Jaundice all over the body, commencing as the vomitings cease, in all the cases.**

Hypophyllum sanguineum.

Hyp. sang.—Pain at pit of stomach; sense of impending suffocation; and violent efforts to vomit, after 12 hours. Acute pains in the belly, which swells enormously; lethargic sleep, with crying; limbs affected with permanent spasms (a. 24h) and convulsive fits. Violent fatal convulsions. She has bloody stools frequently, and vomiting; skin becomes yellow; spasmodic contraction of abdominal muscles, the navel is drawn towards the spine; profound lethargy and general coldness. Trembling, delirium, and fatal convulsions, aft. 30 hours. Delirium; colic and inflammation of the bowels without diarrhoea. Dysentery for three days; speechless for five days; bloody diarrhoea occasionally for long afterwards; health affected for a year (*Picco.*)

Pastinaca sativa.

Past. sat.—(Sweet parsnip)—in five cases. *Delirium tremens*, constant motion and excessive talking, without knowing what they said; they fancy they see objects which do not exist; they fight with one another. Occasional fits of convulsive laughter. Countenance pale; pupils dilated; look vague; tongue clean, moist, and trembling. Pulse smaller, weaker, and slower than natural. *They reject everything.* Vertigo and uneasiness. Sense of weight in the head.† Constant vomiting. General uneasiness.†

Calcium (hydrate.)

SYMPTOMS.—Restless, feverish; they refuse food; lips white, mouth blackish; abdomen swollen and painful on pressure. Stools bloody. [Herpes in legs].

Calcii chloridum.

Calc. chl.—**SYMPTOMS.**—Glandular swellings. Faintness, anxiety, and weakness; trembling and giddiness. [Glandular indurations and swellings soften and disappear.] Scrofula. Respiration quick, snorting; vain convulsive efforts to vomit, and profuse secretion of saliva (in a dog). Increased secretion of mucus, perspiration and urine; nausea and vomiting; diarrhoea; præcordium tender; pulse

* Lond. Med. Gaz. N. S., iii, 853.

† L. Med. Gaz. N. S., iii, p. 687.

accelerated. Failure and trembling of the limbs; giddiness; pulse small and contracted; cold sweats, convulsions, paralysis, and insensibility.

PATH.—Mucous membrane of stomach and intestines very blood-shot, and in many places almost black, and converted into a gelatinous mass.*

Caltha palustris.

Calth.—(In five cases aft. 30 m.) Sickness; pain in abdomen; vomiting, headache, singing in the ears; dysuria and diarrhoea. (Next day) Œdema of whole body, chiefly of face. (Third day) *Eruption of pemphigous vesicles*, which dry up in 48 hours. Peculiar disagreeable impressions on back of tongue.†

Sulphate of Indigo.

Ind. sul.—Vomiting of chocolate-coloured matter. Face pale, features somewhat altered, eyes sunk; lips of a violet tinge; on upper lip a yellowish spot at each angle of the mouth. Tongue blue; throat painful, and strong sensation of constriction; acute pain in the throat and stomach. (He vomits a bluish liquid, which effervesces); milk is immediately rejected, of a blue colour, and coagulated. Epigastrium tender. Vomits a chocolate-coloured matter. Respiration difficult; great anxiety; pulse small and quick. Upper extremities cold. (Urine slightly tinged blue.)

Sambucus ebulis.

Samb. eb.—Violent colic, and constant vomiting of greenish coagulated matter.‡

Melaleuca cajeput.

Caj.—Pungent pain in the eyes; discharge of tears (from its being rubbed on the temples.)

Hippomane mancinilla.

Hipp.—Diffuse cellular inflammation, followed by ulceration;—locally to a wound—(in dogs). Inflammation wherever it is applied, even in sound skin. Sensation of severe burning, followed by blisters on the skin, (local application). Cephalalgia and swollen eyes. The ulcer gangrenous, becoming *ligneous*. Strong burning sensation, with swelling of lips, tongue, and gums, eyes and jaws uneasy; pain in stomach and bowels, with vomiting and liquid stools. Giddiness and

* Vogt. Pharmak. Beddoes, Duncan's Annals, i; Med. Gaz. xxxv, p. 64.

† Rust. Mag. xx, 451.

‡ Med. Times, xii, 30.

convulsions. Tingling of the tongue, with flow of saliva.* Thirst. Pustules on skin. Burning pain in throat, stomach, and abdomen. Eyes inflamed and sore. Swelling of the whole body, and of *head*. *Blindness*. Mania. See proving in Journal Soc. Gall. Mat. Med. I, p. 143; and another in Doctr. de L'Ecole de Rio de Janiero, p. 155, symptoms 165.

Digitalis purpurea.

Dig.—Lethargic sleep; pulse small, slow, irregular; pupils insensible, dilated; heaviness, aft. 1 dose; long, sound slumber, aft. 2nd dose on following morning. Dizziness, staggering, syncope; lying supine; cold, pale, and covered with a copious perspiration; becomes conscious, and complains of violent pains in the head, pupils dilated; pulse extremely low, 38—40, three or four pulsations being succeeded by a complete intermission of several seconds, each stroke though weak, being given with a peculiar explosive shock. Great pain in epigastric and umbilical regions; vomiting severe and incessant. Secretion of urine suspended. Flow of saliva constant and considerable.† Sickness in a morning in a female. Violent continued vomiting like sea-sickness, with *irregular, feeble pulse*, for some weeks. Soreness at epigastrium, cold extremities, cramps, great depression, and pulse irregular. Violent vomiting, followed by cold sweat. Intense gastritis, with great sinking of the vital powers, and double vision. Headache, with slight nausea. Pulse, slow (falls 30 beats.) Epileptic fits; violent nausea for some minutes, in the middle of *the night*, commencing with a noise in his throat, followed by suffocative convulsions, in which he awakes in the greatest distress and suffering; he then falls into fits of general convulsions, and afterwards remains delirious and ungovernable for some minutes; he bites his tongue; pulse full; almost constant noise in his head; the fits are often preceded by a frequent but ineffectual desire to urinate. Vomiting and purging, with severe pain in the abdomen, lethargic sleep; convulsions; pupils dilated and insensible; pulse small, slow, and irregular. Coma. (Mucous membrane of brain injected considerably, and of stomach partially inflamed), aft. ʒvj decoction. Restlessness, thirst, and inflamed conjunctiva.† Bilious

* Christ., 892, &c.: Taylor, s. v.

† Med. Times, x, p. 437; Med. Gaz., 1843, and xxxiv, p. 654; xxxi, p. 270; Ed. Med. Jour. xxvii, p. 222-3; Dub. Hosp. Gaz., May, 1845;—see also Percival, Ed. Med. Surg. Journ., ix, 271; Scott, *ibid.* xxvii, p. 19; Currie, Hom. Med. Soc. v, p. 4.

vomiting and nausea; great uneasiness. Confused vision, amounting to blindness. Conjunctiva of eye red, and lids red. Appetite little. Nausea. Violent thirst and dryness of mouth; ringing in the ears; vertigo; convulsions and great disquietude. Face pale; skin very cold, with palpitation; pulse slow, thready, and intermittent. Pain in the abdomen. Œdema of the lungs. Fæces scanty; urine increased; hallucinations of vision.* At night he leaves his bed every moment and cannot sleep, but converses with persons not present.

Dig.—See Pharm. Med. Times, Ap., 1845, and Dub. Hosp. Gaz., Nov., 1845, p. 110.

Bromine.

Clin.—Croup? *Brom.* Croup-like cough, with abundant discharge of thin mucus. Burning pains incessant. Respiration slightly accelerated, short, and thoracic. Pulse somewhat frequent, small, and quick; slight borborygmus and eructations; partial tremors in his hands and arms (nervous?) Violent inflammation of lips, tongue, mouth, and œsophagus. Prostration, a. 2½ hours; surface cold and clammy. Respiration short and laborious, with prolonged expiration, with considerable mucous throat-rattle. Salivation. Pulse frequent, quick, and hard. (No thirst, retching, or vomiting.) Pulse feeble. Respiration thoracic and difficult; slightly convulsive; extensive mucous throat-rattle; deglutition impossible, a. 3½ hours. Very restless; he throws his arms and hands about in various positions. Cold perspiration; skin in many parts shrunk, tinged blue; countenance bluish pale, haggard; features pinched; eyes sunken; pupils natural; conjunctiva lustreless and corrugated. Frequent ineffectual desire to stool. Restlessness and extreme prostration, as of impending dissolution. He cannot protrude his tongue, a. 6 hours. Extremities cold; no pulse. Respiration convulsive, with prolonged articulo mortis expiration. Copious secretion from nose and mouth; abundant secretion of mucus, heat in mouth and throat, colicky pains, nausea, and hiccough.

PATH.—*Lungs*, lower portion congested; tubercles in both lobes. Considerable serous effusion in pericardium. Peritoneum reddish-yellow throughout upper two-thirds, and highly injected upon stomach, duodenum, and liver. Greater and lesser omenta injected. On anterior surface of stomach, near middle of lesser curvature, a large ecchy-

* Ranking's Abstract, xiii, p. 351.

mosed spot two inches in diameter (the centrepoint of which is softened and gelatiniform, post mortem changes?) Anterior surface much injected, especially about lesser curvature; on posterior surface several ecchymosed spots with red borders; its internal surface peels off like tanned leather; mucous membrane intensely injected and softened; lower part of stomach hard and tanned; these appearances extended to the duodenum.*

Quinia.

SYMPTOMS.—Amaurosis. Paralysis. Coma. Delirium and pneumonic symptoms. Hæmaturia. [Paralysis of one side of the face.] Extreme restlessness. Blindness. Tremors. Respiration slow and irregular. Severe cardialgia. Amblyopia. Tinnitus aurium. Partial loss of hearing. Flushings of the face. [Hiccup.]†

Quinia disulphata.

Qui. dis.—**SYMPTOMS.**—[Yawnings and shiverings, followed by fever; right cheek red, hot and swollen, the pain in it extending into right ear and temple; pulse frequent and hard; tongue furred white; the paroxysms occur about eight, a.m., increase till noon, and cease at four, p.m.] *Total blindness.* Gripping pain and heat in abdomen. Ptyalism. [Intermittent fevers, quotidian and tertian, thirty cases] (*Lancet*, v, p. 467). Feverish condition. Coldness and somnolency. Difficulty in keeping erect; sight obscured, eyes drooping. [Shivering fit at five, a.m., and again at nine, a.m., with swelling and erysipelatous inflammation of the whole leg; pulse 90, small] Lungs congested. Delirium. Diarrhœa. [Insomnolence, with periodic pains.] Great anxiety of countenance. Respiration irregular; extreme *restlessness*. Pupils widely dilated, and total blindness. Erythema, as if from *merc.* *Amaurosis* and convulsions. Sort of drunkenness, more or less painful. Delirium and stupor. [*Enlarged spleen, and paroxysms of intermittent fever.* Rheumatic fever, with effusion into knee-joints.]‡

PATH.—Membranes of brain inflamed; sanguineous effusion.

* N. Y. Jour. Of Med.; Bietske, Orf. Tox. i, p. 75.

† Giacommi Dict. di Med., xxvi: Memoirs Acad. de Med. t. ix-x, (Nélier); Cormack's Monthly Jour., May, 1848.

‡ Philad. Med. Exam., Ap. 1847, p. 217; Amer. J. Med. Sc., Ap. 1847, p. 294, Oct. 1841, p. 278; Med. Gaz., ii, 315; xxxii, p. 430; Med. Times, x. 134; Lancet, 1848, p. 288; vol. vi, p. 14.

Strychniæ nitræs.

Stry. nitr.—Very obstinate constipation ; pulse frequent and feeble. Vertigo and opisthotonos. Nausea and vomiting. Boring in the occiput ; tingling in the ears, and vertigo. Respiration difficult, stifled ; tight. Pulse accelerated, *full*, hard ; slow and intermittent. Loss of consciousness ; face bluish red ; pupils dilated ; mouth open. Sensation of burning itching, sticking, as of large pins in the skin.

Zinci oxydum.

Zinc. ox.—Violent shivering, with intense headache ; lassitude, prostration, and pains in the limbs. Emaciated. Constipation. Extremities cold, legs œdematous ; abdomen tumid ; skin dry. Pulse slow, very feeble. Colicky pains, and repugnance to food. Bilious vomiting. Sleepiness. Tongue whitish. Obstinate constipation. Fever, followed by perspiration.

Zincum (metallicum.)

Zinc.—**SYMPTOMS.**—Heavy pains in stomach ; loss of appetite ; cough and oppression ; fixed pain in the head, and sense of tightness across the temples. Noise in the ears, which continues during the night. General debility ; tetanic stiffness and rigidity of the limbs, with soreness. Rigors, trembling of the limbs. Nightmare. Sensation of swelling ; cold sweats, preceded by flushes of heat ; better on awaking.

Zinci chloridum.

Ed. Med. and Surg. Journ. lxi, 496 ; Gaz. Med. de Paris, 1845, p. 126 ; Med. Times, Nov. 1851 ; W. C.

CLIN. Zinc. chl.—Indolent ulcers ? Gastritis ? Collapsed cholera ?

SYMPTOMS, GENERAL.—Faintings. Collapse, closely resembling that of cholera, with diarrhœa, vomiting, and loss of memory and sight. Greatly emaciated. Convulsions. Burning pains.

SKIN.—Sensation of warmth in the parts to which it is applied, quickly followed by violent burning pain for seven or eight hours, till the parts are dead, when a white eschar forms. [Indolent ulcers. Healthy granulations in the indolent ulcer.]

FEVER.—Cold sweats. Pulse *small and weak*, 45. Coldness.

HEAD AND FACE.—Anxiety and alarm. Loss of memory. Vertigo and rush of blood to the head, as if she had taken some strong spirit. Loss of sight. Vertigo and fainting.

MOUTH.—Metallic taste, as of copper, in the mouth. Tongue and pharynx coated with a thick yellow fur. Burning pain in the gullet. Anorexia for some weeks. Toothache in carious teeth.

GASTRIC.—*Vomiting of all her food ; she rejects everything, except boiled milk for two months. Vomiting of all food for three weeks. Vomits shreds of mucous membrane nearly an inch square. Nausea and pain ; indisposition and want of appetite for three weeks. Burning pain in the stomach ; the legs are drawn up. Pain in the stomach. Burning pain, griping in stomach, great nausea, and sense of coldness, vomiting of inodorous matter. Severe burning and twisting pain in stomach ; the legs are drawn up to the belly. Burning sensation in stomach, nausea, and vomiting ; cold sweats ; pulse quick and small. Burning heat in stomach, followed by vertigo and rush of blood to the head. Abdomen tender on pressure.*

FÆCES.—Stools fetid. Sudden diarrhœa, with vomiting ; she is found in a state of collapse.

CHEST.—Loss of voice for five weeks, till the pains in the stomach cease.

Zinci sulphas.

Zinc sul.—**SYMPTOMS.** [Choreic movements of the head and limbs on both sides constantly, in every direction ; difficult articulation ; *abnormal bruit* with first cardiac sound ; after fright, &c.]—(See Lond. Med. Gaz. xvii, p. 571). Convulsions. [Mucous secretion excessive.] *Extreme prostration*, with distressing restlessness and anxiety. Gradual cessation of pain as prostration supervenes. Long-lasting, extreme debility. Burning pains.

HEAD.—Cephalalgia. Delirium, with tremors for some days. Intense headache.

FACE.—Countenance pale. Eyes dull.

MOUTH AND THROAT.—*Sensation of burning in throat and fauces, with constriction.* [Ulcerated sore throat.]

GASTRIC.—Loss of appetite and nausea. Violent vomiting and *burning pain in stomach.* Inflammation of abdomen (sur. intestines). Navel retracted and severe colic. Great pain in abdomen and limbs. Sensation of burning in stomach. Pain at epigastrium for some days, excessive. Great heat in abdomen.

FÆCES.—*Diarrhœa.* Diarrhœa, with vomiting, cold extremities, and fluttering pulse ; or with excessive retching and rapidly-increasing prostration, when it becomes less frequent. Diarrhœa, with violent pain and heat in abdomen. Constipation.

CATAMENIA.—Menstruation normal.

GENITAL ORGANS.—Urethritis, with discharge.

CHEST.—Severe pain and great heat in the chest. Heart's action depressed ; and arrested.

TRUNK.—Extremities cold. Pains in the loins and hips.

FEVER.—External heat diminished. Feverish heat, with profuse sweating. Excessive perspiration ; fluttering pulse.

PATH.—Great lividity of external surface ; brain and its membranes congested ; lungs congested ; pleuræ contain abundance of sanguinolent fluid ; heart flaccid, its right cavities filled with thick, black blood ; under surface of stomach covered with yellowish pul-taceous matter, on the removal of which a uniform yellow-ochreous colour was observed, except towards the greater curvature, where it became reddish ; very vascular spots of ecchymosis in the stomach, and slight ulcerations near pylorus. Gelatinous ramollissement of the mucous membrane, exposing in parts the submucous tissue ; small intestines somewhat injected, containing yellowish matters.*

Zinci valerianas.

Zinc. val.—[Obstinate neuralgia. Hemicranial and facial neuralgia.]

Zinci iodidum.

Zinc. i.—[Hypertrophied tonsils ; he can scarcely swallow.]

Cubeba.

Cub.—Piper cubeba. Judd on Urethritis ; Lond. Med. Gaz. i, 300, 405 ; Med. Times, viii, 239, 295 ; Gaz. d'Hop., 1842. Conf. proving in Jahr, from Noack and Trinks.

CLIN.—Acute Prostatitis. Hæmaturia.

HEAD.—Deep-seated headache. Dulness.

FACE.—Flushing of the face. Fulness of the face, which is occasionally florid. Extraordinary twist of the mouth on one side every time he attempts to speak or smile.

GASTRIC.—Increased appetite. Acid eructations, with uneasiness, heat at the pit of the stomach, and fever. Tongue furred and moist. Nausea and vomiting ; burning pain in the stomach ; griping and diarrhœa. Hernia humoralis.

FÆCES.—Slight diarrhœa. Distressing diarrhœa, with headache. Constipation. Hæmorrhoids.

URINE.—Urine increased in quantity, deepened in colour, and smells of the drug. Chronic inflammation of the bladder, [much ag-

* Christ. 502 ; Guy's Hosp. Rep., vi, 17 ; Br. and For. Med. Chir. Rev. iii, 516 ; Lancet, Jan., 1850.

gravated ; secretion of mucus greatly increased. Hæmaturia (in two cases.)

GENITALS.—Inflammation of the urethra. *Testicles swollen*. Sexual excitement. *Prostatitis*; the gland feels enlarged to the finger in the rectum; perinæum tender; last drops of urine passed with pain; after micturition a sensation as if the bladder still contained water. [Urethro-vaginitis, severe and of long-standing, with acute pains and abundant discharge. *Urethritis* (venereal) with profuse discharge, pus very thick and glutinous; excessive ardor urinæ and frequent desire to empty the bladder. Venereal urethritis, with discharge; and scalding and pain whilst urinating.] (Analogous to Arg. Nitr.?)

TRUNK AND EXTREMITIES.—Acute deep-seated pain in the wrists, speedily followed by redness and swelling; stiffness of the wrist and thickened around the joint. Pricking sensation in soles of feet. Heat at times in palms of hands, and soles of feet.

SKIN.—Intense itching sensations. Severe urticaria febrilis. Eruptions like urticaria. Urticaria.

FEVER.—Increased heat with thirst; pulse frequent and full. Fever with heat at pit of stomach. Pulse irregular, suspending two or three beats each minute, sometimes slow, at intervals hurried, not exceeding 84. Heat in flushes in face, soles of feet and palms of hands.

GENERAL.—Convulsive movements, and partial paralysis. Convulsions.

(To be continued.)

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HOMŒOPATHY.

OBSERVATIONS ON THE WATER-CURE,

BY J. RUTHERFURD RUSSELL, M.D.

(Read before the British Homœopathic Society, March 3rd.)

THERE is a vague idea in the minds of many, that there is some near relationship between homœopathy and the water-cure or hydropathy. This seems an erroneous opinion; for if we carefully analyze the two systems we shall find that they do not spring from the same root, but are radically different. Indeed the water-cure is in its theory much more nearly allied to the allopathic than to the homœopathic system. It seeks to accomplish, by the use of water, the same kind of effects which the old school attempts to gain by drugs: that is, to produce certain general commotions of the animal economy, which shall result in the restoration to health: and the only distinction between the two—a very important one it is—consists in the fact, that the means employed are innocuous even if unsuccessful, and that measures are taken for securing the best possible conditions to promote recovery, during the period the body is put through its purgation. The water-cure may be considered as a sort of rectified spirit of old physio, a distillation which separates the grosser and offensive parts from the pure, simple, and limpid: the residue being those impurities which medicine has contracted throughout its descent from the primitive age of Hippocrates; and this spirit being a restoration of the fine natural system which was taught and practised by

the priests of Hygæa. It might be called a quantitative method in opposition to homœopathy, which is a qualitative system. For while the one alters the distributions of the fluids and induces changes in the mass of the solids, the other acts upon the seat of the morbid changes alone, and affects only the quality of the action in these parts.

Such being, as it seems to us, the undeniable and irreconcilable difference between the two systems, it becomes a question for those who avow their general adherence to homœopathy, how far they can avail themselves of the other method: and this is one of those pressing questions which every practitioner must be prepared to answer as it were on the spot; for the growing popularity of the water-cure, and the confidence which so many have in its efficacy, exposes the physician continually to interrogations from his patients, as to whether such and such a case be a fit one for water treatment, and whether he can recommend that it should be tried, or whether he is prepared to apply himself any of their celebrated processes. To be able to give a satisfactory reply, he must first make up his mind on the general question, of how far he is entitled, and if entitled, we might almost say bound, to employ certain auxiliaries in addition to administering the appropriate medicine; if this question is answered in the affirmative, as it has been by the common sense of Britain, then he will have to enquire whether there are any appliances used by the practitioners of the water-cure which he may adopt without so disturbing the system of the patient as to prevent it from obeying the specific antidote to his disorder; and also whether there is a class of cases for which the water-cure is better adapted than homœopathy, and how he is to recognize this class so that when a patient belonging to it seeks his advice, he may be prepared to say, "this is not a case for me to treat, you must go to a water-cure establishment." My belief, founded upon considerable observation and the perusal of the scanty literature of the subject, is, that there is an exceptional, although numerous class of invalids whose complaints will altogether defy the best and most patient homœopathic treatment, and who will rapidly improve under a course of water-treatment, and also that there are several of

the applications of water which might be advantageously employed as auxiliaries to homœopathic treatment.

In enumerating the cases in which water-treatment seems to me unquestionably advantageous, I should not wish to be understood to limit its applicability to those cases alone, for I do not profess to have made sufficient study of the subject to attempt to fix its limits; all I am prepared to do is to point out some few well marked maladies, for which I have reason to believe this system is certainly suited, and in which, as far as my own experience has gone, I have had but unsatisfactory results from unaided homœopathy.

The first case I select for illustrating this position, is one to which the objection may arise, whether recovery could not have been effected under homœopathic treatment. My belief is that it might, but that it would certainly have been a very tedious case, and that it was such a case as we should be in no way particularly ambitious of staking the credit of homœopathy upon. It is related by the distinguished patient himself, Sir E. Bulwer Lytton, and done so pleasantly and well that, although somewhat long, it well repays perusal. "I have been a workman in my day," he says; "I began to write and to toil, and to win some kind of a name, which I had the ambition to improve when yet little more than a boy. With strong love for study in books—with yet greater desire to accomplish myself in the knowledge of men, for sixteen years, I can conceive no life to have been filled with more occupation than mine. What time was not given to action was given to study; what time not given to study, to action—labour in both! In a constitution naturally far from strong I allowed no pause or respite. The wear and tear went on without intermission—the whirl of the wheel never ceased. Sometimes, indeed, thoroughly overpowered and exhausted, I sought for escape. The physicians said 'travel,' and I travelled; 'go into the country,' and I went. But in such attempts at repose all my ailments gathered round me—made themselves far more palpable and felt. I had no resource but to fly from myself, to fly into the other world of books, on thought, or reverie—to live in some state of being less painful than my own. As long as I was always at work it seemed that

I had no leisure to be ill. Quiet was my hell. At length the frame thus long neglected, patched up for a while by drugs and doctors—put off and trifled with as an intrusive dun—like a dun who is in his rights—brought in its arrears, crushing and terribly accumulated through long years, worn out and wasted, the constitution seemed wholly inadequate to meet the demand. The exhaustion of toil and study had been completed by great anxiety and grief. I had watched with alternate hope and fear the mournful death-bed of my dearest friend—of the person around whom was entwined the strongest affection my life had known—and when all was over I seemed scarcely to live myself. At this time, about the January of 1844, I was thoroughly shattered: the least attempt at exercise exhausted me; the nerves gave way at the most ordinary excitement; a chronic irritation of that vast surface we call the mucous membrane, which had defied for years all medical skill, rendered me continually liable to acute attacks, which, from their repetition and the increased feebleness of my frame, might at any time be fatal. Though free from any organic disease of the heart, its action was morbidly restless and painful. My sleep was without refreshment; at morning I arose more weary than I had laid down to rest.

* * * I resolutely put away books and study, sought the airs which the physicians esteemed most healthful, and adopted the strict regimen, on which all the children of *Æsculapius* so wisely insist. In short, I maintained the same general habit as to hours, diet (with the exception of wine, which in moderate quantities seemed to me indispensable), and so far as my strength would allow of exercise, as I found afterwards instituted at hydropathic establishments. I dwell on this to forestall in some manner the common remark of persons not well acquainted with the medical agencies of water—that it is to the regular life which water-patients lead, and not to the element itself, that they owe their recovery. Nevertheless, I found that all these changes, however salutary in theory, produced little practical amelioration in my health. All invalids know, perhaps, how difficult in ordinary circumstances is the alteration of habits from bad to good; the early rising, the walk before breakfast, so delicious in the feelings of freshness and vigour, which they

bestow upon the strong, often become punishments to the valetudinarian. Headache, langour, a sense of weariness over the eyes, a sinking of the whole system towards noon, which seemed imperiously to demand the dangerous aid of stimulants, were all that I obtained by the morning breeze and the languid stroll by the sea shore. The suspension from study only affected me with intolerable ennui and added to the profound dejection of the spirits. The brain, so long accustomed to morbid activity, was but withdrawn from its usual occupation to invent horrors and chimeras. Over the pillow, vainly sought two hours before midnight, hovered no golden sleep. The absence of excitement however unhealthy only aggravated the symptoms of ill health." In this condition he went to Dr. Wilson's establishment at Malvern. The results of his experience are thus detailed :

"The first point which impressed and struck me was the extreme and utter innocence of the water-cure in skilful hands—in any hands indeed not thoroughly new to the system. Certainly when I went I believed it to be a kill or cure system. I fancied it must be a very violent remedy—that it doubtless might effect magical cures, but that if it failed it might be fatal. Now I speak not only of my own case but of the immense number of cases I have seen—patients of all ages—all species and genera of disease—all kinds of conditions of constitutions when I declare, upon my honour, that I never witnessed one dangerous symptom produced by the water-cure, whether at Dr. Wilson's or the other hydropathic establishments which I afterwards visited. * * * The next thing that struck me was the extraordinary ease with which good habits are acquired and bad habits relinquished. The difficulty with which under orthodox medical treatment stimulants are abandoned is here not witnessed. Patients accustomed for half a century to live hard and high, wine drinkers, spirit-bibbers, whom the regular physician has sought in vain to reduce to a daily pint of sherry, here voluntarily resign all strong potations, after a day or two cease to feel the want of them, and reconcile themselves to water as if they had drank nothing else all their lives. Others who have had recourse for years and years to medicine, their potion in the morning, their cordial at noon, their pill before dinner, their narcotic at bedtime, cease to require these aids to life as if

by a charm. Nor this alone. Those to whom mental labour has been a necessary, who have existed in the excitement and stir of the intellect, who have felt, these withdrawn, the prostration of the whole system, the look to the wheel of the entire machine, return at once to the careless spirits of the boy in his first holiday. Here lies a great secret; water thus skilfully administered is in itself a wonderful excitant, it supplies the place of all others—it operates powerfully and rapidly upon the nerves, sometimes to calm them, sometimes to irritate, but always to occupy. Hence follows a consequence, which all patients have remarked, the complete repose of the passions during the early stages of the cure; they seem laid asleep as if by enchantment. The intellect shares the same rest; after a short time mental exertion becomes impossible, even the memory grows far less tenacious of its painful impressions, cares and griefs are forgotten; the sense of the present absorbs the past and the future; there is a certain freshness and youth which pervade the spirits and live upon the enjoyment of the actual hour. Thus the great agents of our mortal wear and tear, the passions and the mind, calmed into strange rest—nature seems to leave the body to its instinctive tendency, which is always towards recovery. All that instructs and amuses is of a healthful character. Exercise, instead of being an unwilling drudgery, becomes the inevitable impulse of the frame braced and invigorated by the element. A series of reactions is always going on—the willing exercise produces refreshing rest. The extraordinary effect which water taken early in the morning produces on the appetite is well known amongst those who have tried it even before the water-cure was thought of; an appetite it should be the care of the skilful doctor to check into moderate gratification: the powers of nutrition become singularly strengthened, the blood grows rich and pure—the constitution is not only amended, it undergoes a change. The safety of the system then struck me first; its power of replacing by healthful stimulants the morbid ones it withdrew, whether physical or moral, surprised me next; that which thirdly impressed me was no less contrary to all my preconceived notions. I had fancied that, whether good or bad, the system must be one of great hardship, ex-

tremely repugnant and disagreeable. I wondered at myself to find how soon it became associated with pleasurable and grateful feelings, as to dwell upon the mind amongst the happiest passages of existence. For my own part, despite of all my ailments, or whatever may have been my cares, I have ever found exquisite pleasure in the sense of *being*, which is as it were the conscience, the mirror of the soul. I have known hours of as much and as vivid happiness as can fall to the lot of man, and amongst all my brilliant recollections I can recal no periods of enjoyment at once more hilarious and serene than the hours spent on the lovely hills of Malvern, none in which Nature was so thoroughly possessed and appreciated. The rise from a sleep sound as childhood's, the impatient rush into the open air, while the sun was fresh and the birds first sang,—the sense of an unwonted strength in every limb and nerve, which made so light the steep ascent to the holy spring,—the delicious sparkle of that morning draught,—the green terrace on the brow of the mountain, with the rich landscape wide and far below,—the breeze that once would have been so keen and biting, now but exhilarating the blood and lifting the spirits into a religious joy; and this keen sentiment of present pleasure, seconded by a hope sanctioned by all I felt in myself and nearly all I witnessed in others, that that very present was but the step—the threshold into an unknown and delightful region of health and vigour—a disease and a care dropping from the frame and the heart at every stride." * The upshot of the whole trial was restoration to health. Now we think all our readers will agree with us that Sir Edward did well to go to Malvern; that had he staid in London, even in the hands of the most skilful homœopathic physicians, he would not have recovered so rapidly or so pleasantly. It was "*tute cito et jucunde*." And the case is especially interesting as illustrating the immediately anodyne influence of the water treatment upon the brain and whole ner-

* Confessions of a Water-patient, in Colburn's New Monthly Magazine. Sept., 1845. Although we have reason to believe that there is a good deal of exaggeration in all this, and that if Sir E. B. Lytton were to write the account now that he would tone it down a good deal, yet we think it is instructive as showing the state of excitement and exhilaration produced by the water-cure on a sensitive nature.

vous system. This observation I have had frequent opportunities of making; and those who have felt the importance of having some safe anodyne at their command in the treatment of disorders of the cerebral and nervous systems will fully appreciate the importance of this discovery. We think it fortunate for science that so skilful a painter as Sir E. Lytton has given us two such pictures as these here presented, the one of his feelings before the other after his water-cure. Nor do we regret the omission of all details of his treatment, the important point for us practically is that it was effected at a water-establishment, and that it required all the accessories of such an institution, including mountain air, fine scenery, good weather, to effect the result. The next case we shall quote presents interesting features both of resemblance and of contrast; it is related by Dr. Gully.

“For several years, a lady of 48 years of age, had been subject to most distressing and alarming head symptoms; intense prostrations; headaches; giddiness, that caused her to reel; bursting sensation of the skull; violent irritating pains constantly in the head. To these were added great nervousness; bound bowels; scanty urine; constant feverishness; vehement flushings of the face, and cold feet. The pulse was large, but yielding and most irregular; appetite small; sleep very much disturbed. She had undergone violent medication at the hands of the first provincial and metropolitan authorities, whose object appears to have been to derive powerfully from the head by such remedies as five grains of Calomel at night, with some drastic draught in the morning; whilst little attention seems to have been given to the diet. However, between the original malady and the excessive irritation set up by the medicinal treatment, the nerves, both ganglionic and cerebral, and their centres were in the most alarming condition.” The treatment was the following:—

“August 1st.—Hot fomentations to the abdomen for an hour at bedtime. The flannels changed every ten minutes, and a wine-glassful of cold water drunk at each change. Damp compress on the bowels to be worn night and day. From three to four tumblers of cold water to be taken during the day, to be

taken in small quantities at a time. Breakfast of cold toast and a little butter—no liquid whatever. For dinner three ounces of animal food—mutton, beef, poultry, or game, three times a week, with as little liquid as possible. On other days the dinner to consist of a cup of cocoa, with cold toast and butter, or of some farinaceous pudding eaten nearly cold, very weak and almost cold tea. The pulse becoming less hard and bounding; after this I proceeded with more decided treatment.

“4th.—Packed in wet sheet for an hour before breakfast. Dripping sheet after it. All the rest as before.

“5th.—The same, except that the shallow bath was used instead of the dripping-sheet after the packing. The patient remained four minutes in it, was well rubbed, and had water repeatedly poured over her head.

“9th.—Sitz-bath, at 70°, for a quarter of an hour at noon, was added to the above. Did not agree; headache came on an hour or two afterwards.

“12th.—Packing and shallow bath before breakfast; a foot-bath of cold water, with some mustard flour in it, for ten minutes, twice in the day; fomentations at night; abdominal compress, three to four tumblers of water. This was the treatment up to the tenth.

“27th.—The head suffering a good deal, ordered foot-bath of mustard and water; also that the nape of the neck should be rubbed for fifteen minutes with the same mixture. Head immediately relieved. This instead of the packing.

“28th.—Packing as usual, then foot-baths in the course of the day.

“September 2nd.—Pulse considerably reduced by the long continued packing fomentations, &c. Somewhat inclined to hysterics too; nervous headache. All these signs indicated that the lowering process had been carried as far, or at least as fast, as the system could bear. Therefore, on the

“3rd.—I only ordered the cold shallow bath before breakfast, and the foot-baths as usual.

“4th.—Shallow-bath on rising; foot-baths as usual; sitz-bath at noon for half-an-hour. Rode out in a wheel-chair at two o'clock for half-an-hour; came home and vomited copiously

until five o'clock. Here was the beginning of an *internal crisis* which the packing fomentations, &c., by removing the irritative state of the internal organs, had enabled them to effect. The nervous condition of the second was the symptom of the commencing effort which terminated in this manner. The matter vomited consisted of clear, frothy mucus, mixed with a black, tenacious, and heavy substance. A cold sitz-bath for quarter of an hour after it, and fomentations at night, removed all traces of the emetic tumult.

" 5th.—Shallow-bath in the morning ; foot and hand-baths three times in the day ; sitz-bath for half-an-hour at noon, and a quarter of an hour at five p.m. Discharge of blood from the bowels in the morning. Another character of the internal crisis ; head altogether free from pain ; and she said she felt lighter and better than she had ever done.

" 6th.—Treatment as above. Fomentations at bed-time ; walked more than a mile steadily ; much better to-day. In the course of the night colicky pains, followed by free diarrhoea, the bowels acting twice.

" 7th.—Treatment the same. Walked and then drove out for an hour. Felt better than she had done from the beginning.

" 8th.—Nothing but the shallow-bath. But as she became languid from going to church she took a foot-bath, which soon restored her. Quite well in other respects.

" 10th.—Some little feverish disturbance induced me to order a packing to-day. Foot, hand, and sitz-baths as before. Head became bad from too long a drive. Fomentations at bed-time.

" 11th.—After a good night felt well ; ordered foot-baths. Suddenly seized with copious vomiting and purging. Took sitz-bath after them, and went out quite well.

" 13th.—Walked out twice and drove once ; packed in the morning in wet sheet. Two sitz and two foot-baths, and several hand-baths in the day. A considerable quantity of blood passed from the bowels.

" 15th.—Sick again.

" 19th.—Head from the last week perfectly well, and admitting of a good amount of exercise. This day, however, she

overdid it, and the head became bad in the night. Had not packed for three days; but on account of the increased headache she, on the

“ 20th.—Packed; did not walk out at all, took one foot and one sitz-bath and a drive.

“ From this time to the 24th.—When the patient left Malvern she continued to take the shallow-bath in the morning, two foot-baths, and two hand-baths. Throughout the latter month of the treatment, the vomiting and purging, with occasional discharge of blood from the bowels, continued in various degrees; but I have only noted the days when either of these were excessive. Fomentations were frequently employed at night for twenty or thirty minutes, according to the transitory condition of the head; when it was worse, with increased strength of pulse, they were used; when it was bad without that sign, additional foot-baths and sitz-baths were beneficially taken. This lady left Malvern on the 20th of September, taking with her the following directions, to be pursued at home.

“ Shallow-bath, at 58° , every morning for two minutes.

“ Two foot-baths, of ten minutes each, in the course of the day.

“ A sitz-bath at 65 for half-an-hour every other day at noon, or at any time three hours after a meal.

“ Wear the compress all day.

“ It would be well to pack in the wet sheet once a week or so, with the shallow-bath as above; but if all is right in the head and bowels; that is, if the head is free from heat and pain, and the bowels sufficiently open, omit this.

“ Vegetable diet, except three times a week, when animal food may be taken at dinner.

“ The deafness with which the patient was affected varied in the course of her treatment at Malvern, but on the whole diminished so much, that by the time she left she could hear perfectly well, if too many voices were not crossing each other at once. Perseverance in the above directions at home completely relieved it.

“ It should be recalled that previously to trying the water

treatment this lady, whose position in society is high, had been rendered incapable of entering it; the excitement of the smallest '*réunion*' was too much for her heart: besides which, the headaches were so frequent and so intense, that she could form no engagement with the smallest certainty of being able to fulfil it; whilst her increasing deafness was daily rendering society impossible and distasteful to her. Neither could she find pleasure in travelling; for ten or twelve miles in the easiest carriage was more than she could bear in one day. But after going through the above treatment all was changed. Her headaches had gone—gone so far that between September, 1844, when she left Malvern, and May, 1845, when she returned, she had not more than three attacks for a few hours (induced by mental excitement), and of a vastly mitigated character, instead of one or two bad attacks every week, and more or less of it every day. The restoration of her hearing was her restoration to society. And the *certainty* she had, that at any time when the head had been tried by talking or listening, she could put herself to rights with a wet sheet and a foot-bath, rendered the life worth possessing which had been for a long time previously intolerable. In this altered state of circumstances she passed through the winter of 1844—45. In the month of May of the last year a considerable amount of mental excitement, experienced whilst undergoing the physical excitement of travelling from place to place, added to irregularities of times of eating inseparable therefrom, brought back some of her ailments; that is to say, some degree of flushing, and a considerable degree of *deafness*; in all other respects she remained well, showing the partial character of the mischief. Still the causes had been reapplied, and the effects were inevitable; and I therefore recommended her return to Malvern for a short course of more active treatment. Into this I need not enter; it was as nearly as possible the same as on the former occasion, allowance being made for the safer condition of the brain, and the consequent possibility of carrying on the treatment more fully at once. Assiduous wet sheet packing and fomentations soon brought on the vomiting and diarrhoea crisis as before; the deafness disappeared still more suddenly than

on the previous year ; and in every other particular her state has been one of health since. Constantly taking medicine for years she has not taken one drop or grain of any sort of physic from the time she came under my care nearly eighteen months ago. Undoubtedly being of an exciteable and anxious nature she will be obliged to *ménager* her nervous system. However, she is able to visit and receive company ; she enjoys life, and is free from all chance of apoplexy ; none of which points she could attain under the medicinal plan of treatment to which she had been so long subjected, but the enjoyment of which she now owes to the water cure. It is very satisfactory to be able to add to this case the following letter I received from the husband of the patient in January of the present year (1847):—

‘ I am truly happy, at the commencement of the present year, to be able to tell you, that during the space of the last eighteen months, my wife has been in the enjoyment of good health, thanks to your kind and judicious treatment by your excellent hydropathic system. She has been seventeen years married, during which time I never knew her to be even tolerably well, and latterly she had been getting worse and worse, with constant pains in her head, tormenting her by day, and depriving her of her rest by night. At whatever place we visited we were obliged to call in medical advice ; and I may say that she had the first, in and out of London, that could be obtained. Some of them attributed her complaint to one thing, some to another. There were no end to the application of leeches and blisters, and her inside was literally inundated by a variety of medicines, till she was visibly about to sink under her complaint. When I took her to Malvern, such was her distressing state that, though the distance from my home is only thirty-five miles, we were obliged to stop a night on the road. A two months’ residence at Malvern, under your care, worked wonders, and now enables me to say that she has been ever since, and still continues, perfectly well, is quite free from all pain, and is able to eat, drink, and sleep, as well as any one could desire ; and our neighbours who know her former state look at her with perfect astonishment. From the time she first commenced your treatment to the present she had not had recourse to any medicines or professional

assistance whatever,' " &c., &c. " One of the accusations against the water treatment is, that it is apt to produce fulness of blood in the head and apoplexy. This is said by persons who have no experience whatever of it, who have never seen a single case of any sort treated by it. I, who have treated disease in no other way for the last six years and a half, find a very different result of *large* experience, and were the choice given me of diseased conditions, wherein I could produce the most certain and satisfactory effects, and show in the clearest manner the *safety* and speedy efficiency of the treatment, I should, beyond all comparison of cases, choose one of apoplectic fulness." *

We have selected this somewhat long case for quotation for various reasons. We cannot but regard it as one of unequivocal cure by water treatment, not merely of recovery during the process, the length of the previous illness, the immediate relief afforded, the ultimate completeness of the restoration of health entitle it to rank as a cure. It is besides a very characteristic cure; it was attended by those wonderful *crises* which remind one of the medicine of the ancients, the improvement so frequently corresponded with a crisis as to leave no doubt in the mind of Dr. Gully that the two stood to one another in the relation of cause and effect. It would lead to too long a digression to enter into a full discussion of these critical discharges, but there are some practical inferences from their occurrence, it would be well to bear in mind. Without venturing to assert that, in every case, these violent perturbations of the system are the result of setting loose the drugs which have been previously taken, we cannot but think it is not improbable that such may be the case; for in the course of treatment the perspiration is described as becoming impregnated with the most disagreeable odours, and some cases gamboge and other drugs are distinctly recognized. Now, it is hardly possible that when such drugs are dissolved by the water imbibed into the system, and enter into the circulation, as they must do before they are thrown off by the cutaneous secretion, that they should not display some of their characteristic effects on the system;

* The water-cure in chronic diseases, by James Manby Gully, M.D., &c. &c. 4th edition. London, 1851, pp. 220, *et seq.*

so that the copious draughts of water and the solicitation of the augmented mass of fluid in the body to the skin, forcing it in this way, to permeate a great extent of capillary circulation, must have the same effect as injecting into the blood a solution of various medicinal substances, diluted by a large quantity of water. In this respect, indeed, the water-drinking and sweating process resembles the trituration of our inert mineral medicines, by which their activity is brought into play. Whether this hypothesis of the cause of these profuse, so called critical discharges, be admitted or not, we think it is quite manifest, that during such a process of severe handling, it would be absurd to expect any action from homœopathic medication. In fact the conditions for homœopathy do not exist. The symptoms most prominent are not those of the disease, but those of the treatment; and it would be as reasonable to attempt to treat homœopathically a patient under the action of the waters of Cheltenham as those of Malvern; that is to attempt to unite the two systems in effecting a radical cure; for as we shall afterwards see, that water-treatment may be a good auxiliary to homœopathy; so here, while the main treatment is by the power of water, yet the transitory annoyances which attend this process may be removed or alleviated by specific medicine; so that while the water is effecting a radical reformation in the constitution, homœopathic medicine may prevent many of the inconveniences which would otherwise attend such a rude mode of cure. We are then brought to the conclusion that there are cases better suited for the water-cure than for homœopathy, and that in these homœopathic medicine must play a quite subordinate part. We shall find as we proceed that this class is small and quite peculiar; and it is, of course, as much our duty to discover and define the maladies which are thus curable as it is to be prepared with the specific medicines for those which we treat homœopathically.

My present opinion formed after some months residence at Malvern, in constant intercourse with patients who had been, or still were, undergoing the water-cure, and the careful perusal of the best authenticated cases is, that the only kind of affections in the treatment of which this method is unequivocally

superior to any other, is the class represented by the two examples which I have cited, and which are both very well described, although from different points of view. It would be difficult to designate them by any pathological denomination; but they must be quite familiar to all who have had considerable practice in any large town, more especially if the kind of pursuits most followed there, involve severe and continued mental exercise or excitement; and on looking back upon my own experience, I could at once point out several similar cases which held out against all homœopathic medicines, and could not be entirely reduced, although considerably mitigated in severity. In limiting thus, the efficiency of the water-cure, as compared to homœopathy, I should not wish to be understood as rejecting the numerous cases which are related as having been accomplished by it, more especially those of diseases of the stomach and the other digestive apparatus, admirably described in Dr. Gully's work. All I mean is, that there would be no difficulty in finding parallel cases in the practice of every homœopathic physician; and while it may be in many instances the wisest and pleasantest thing a dyspeptic can do to pay a visit for six weeks to a good water-cure establishment, yet I do not consider that it is the duty of a homœopathic physician to recommend the step at once, unless the case be quite an exceptional one; whereas I do think that it is the duty of every physician to advise a person in the condition Sir E. B. Lytton described himself to be in, rather to try the effects of the water-cure than to put himself under a course of homœopathic treatment. Not that this would inevitably fail to relieve or cure, but that the chance of his speedy recovery is greater in a water-cure establishment than anywhere else.

Besides the class of cases, which unfortunately in this land of luxury and labour is a very numerous one; there can be no doubt that, as a detergent process to get rid of the accumulation of drugs introduced into the body by the officious zeal of old physic, it is in many instances almost a necessary preliminary before successful homœopathic treatment, and it is held in high esteem by many in the treatment of gout, rheumatism, and skin diseases. Dr. Gully candidly admits he has never cured

gout by it, although he has mitigated the severity of the attacks : we rather believe that most homœopathic physicians would say the same ; and it may be a question which of the two systems is most effectual for restraining this cruel disease. Probably it will be found that an alternation of the two will be attended with the best results. In regard to rheumatism, I am inclined to think that there are some varieties of this complaint which utterly defy all homœopathic medicines from the deeply morbid condition of the blood ; and that in these cases a thorough water-course by effecting a rapid and total renovation of this fluid might enable our remedies to act more beneficially. However, the subject is one that requires working out, and we may refer our readers to a paper by Dr. Black, in the present number of this Journal.

That the water-cure, unassisted by specific medicine, cures any of those inveterate forms of skin disease which defy other treatment I see no proof whatever, although I know that it affords temporary relief and transient removal of the complaint in many instances ; and I should feel inclined to advise its trial in obstinate cases of lepra and psoriasis, although I disbelieve its power of radical cure in this unmanageable complaint.

Having now attempted to ride the marches, as it were, of the province of the water-cure, in its character of an independent power, asserting well grounded claims over a peculiar and definable class of subjects, let us pass on to the second important consideration of the matter, and try to ascertain what water-appliances may be usefully adopted by us as simple auxiliaries to homœopathic practice. Nothing is more desirable in the present state of homœopathy than the addition of safe palliatives. This must be felt by all practitioners ; and we are constantly in danger of losing cases from our inability to afford immediate relief without risking or greatly retarding the ultimate radical recovery. Take for example a case of long standing, habitual constipation of the bowels. Is it not most embarrassing either to permit or to countermand the use of some purgative ? If we yield to the patients' importunities we retard the cure, and in some measure descend from our vantage ground of principle, although we may be justified in so doing ;

if we hold out, the patient is made very wretched for many days, even weeks, and he may possibly throw up the treatment in disgust. Now, it seems that water applications of many kinds are agreeable and innocuous palliatives, and it is right that we should number them among our resources. So that we shall briefly detail those which seem to us most useful, and indicate the kind of cases for which each is best adapted.

To begin, with much the most celebrated and the most common, '*wet sheet or towel packing*,' consists of the following process:—a bed is so prepared, that laying a wet sheet upon it shall not injure it. A sheet is dipped in cold water and wrung out so that it shall not drip. It is then spread upon the bed, and the person who is to undergo the process lies down flat on his back upon this wet sheet. The attendant then folds the sheet over his trunk and lower limbs, leaving his arms free. He is then firmly enveloped in five or six folds of blankets, and allowed to remain in this state of humid mummification for about an hour; he then gets out, and a wet sheet is usually thrown over him, with which he is forcibly rubbed; after undergoing this process for a minute or so he is very thoroughly dried with towels, and so the affair ends. This is called wet-sheet packing; but instead of involving the whole body, it is sometimes desired to envelope only a part; it may be the trunk or the chest; in this case a wet towel is substituted for a wet sheet.

Although the process has been often described, and there has been a wonderful amount of extravagant talk and writing about it, yet the only attempt at a scientific determination of the physiological effect of this curious artifice of Priesnitz that we are aware of is contained in a work recently published by Dr. Howard Johnstone, entitled "*Researches into the effects of cold water upon the healthy body, to illustrate its action in disease*;" and from this work we shall extract some tables of considerable interest, showing the effect of wet-sheet packing upon the action of the heart.

"First series of operations performed on an excitable temperament.

Operation 1st, of one hour's duration.

	Pulse per minute.	Respiration per minute.	
Before the process	104	24	
Immediately after	84	32	
10 minutes after	76	28	Feels warm all over.
20 minutes after	72	24	
30 minutes after	66	24	Still warm, and con-
60 minutes after	60	22	tinuing so during
In shallow bath	72	24	the rest of the ope-
In drying sheet	88	28	ration.

Temperature of the wet sheet, which was still wet and steaming, 98°.

Temperature of water in shallow bath raised from 48·50° F. to 49·25° F.

	st.	lb.	oz.
Weight prior to the operation	8	0	6½
Weight subsequent to the operation....	8	0	5½

Loss 1 oz.

“In this experiment it will be perceived that on bringing the body in contact with the wet sheet the pulse at once fell 20 beats in the minute, nearly one-fifth of its whole number of pulsations. It then for the space of one hour, that is the whole period of envelopment, continued gradually sinking till it counted only 80 strokes, being rather more than two-fifths less rapid than it was before the process.

Operation 2nd, of one hour's duration.

	Pulse per minute.	Respiration per minute.	
Before process	100	24	
Immediately after	72	36	
10 minutes after.....	72	28	Feels warm and com-
20 minutes after.....	69	27	fortable, and conti-
30 minutes after.....	64	18·5	nues so during the
60 minutes after.....	60	19	operation.

Temperature of the wet sheet, still wet and steaming, 91° F.

Temperature of the water in shallow bath raised from 52° F. to 52·75° F.

	st.	lb.	oz.
Weight prior to the operation	8	0	0 $\frac{3}{4}$
Weight subsequent to the operation....	8	0	0
			<hr/>
Loss			$\frac{3}{4}$ oz.

Operation 3rd, for one hour and ten minutes' duration.

	Pulse per minute.	Respiration per minute.	
Before process	100	24	
Immediately after	80	32	
10 minutes after.....	66	23.5	Feels warm and
20 minutes after.....	66	20	comfortable, and
30 minutes after.....	62	23	remains so
60 minutes after.....	58	18	throughout, be-
70 minutes after.....	58	18	coming towards
In shallow bath.....	96	26	the end quite hot.
In drying sheet	77	27	
Temperature of the wet sheet, 93° F.			
Temperature of the water in shallow bath raised from 48° F. to 49.33° F.			

	st.	lb.	oz.
Weight prior to the operation	8	0	10 $\frac{1}{4}$
Weight subsequent to the operation....	8	0	9
			<hr/>
Loss.....			1 $\frac{1}{4}$ oz.

Operation 4th, of one hour and a half's duration.

	Pulse per minute.	Respiration per minute.	
Before process	104	18	
Immediately after	82	40	
10 minutes after.....	72	23	Feels warm.
20 minutes after.....	70	24	Feels quite hot, but
30 minutes after.....	64	22	moist. There is no
60 minutes after.....	63	19	perspiration on the
90 minutes after.....	60	19	forehead.
In shallow bath	74	26	
In drying sheet	84	26	
Temperature of the wet sheet 93° F.			

Temperature of the water in the shallow bath raised from 45·25° F. to 50° F.

	st.	lb.	oz.
Weight prior to the operation	8	0	7½
Weight subsequent to the operation....	8	0	6
Loss.....	<hr/>		
			1½ oz.

Operation 5th, for one hour and forty minutes' duration.

	Pulse per minute.	Respiration per minute.	
Before process	92	22	
Immediately after	64	32	
10 minutes after.....	64	24	{ Feels quite comfortable; no longer cold. Feels quite warm.
20 minutes after.....	71	24	
30 minutes after.....	64	22	
60 minutes after.....	62·5	22	
1 hour & 40 min. after.	53	22	
In shallow bath	84	21	
In drying sheet	84	29	
Temperature of the wet sheet, 90° F.			

Temperature of the water in the shallow bath raised from 53° to 56° F.

	st.	lb.	oz.
Weight prior to the operation	8	0	4½
Weight subsequent to the operation....	8	0	2½
Loss.....	<hr/>		
			2 oz.

Operation 6th, of two hours and a half's duration.

	Pulse per minute.	Respiration per minute.	
Before process	96	19	
Immediately after	84	32	
10 minutes after.....	70	22	Becoming warm and comfortable.
20 minutes after.....	72	22	
30 minutes after.....	72	21	
1 hour after	64	21	
2 hours after	64	24	Forehead still dry.
2 hours & 30 min. after	64	27	No where sweating.

In shallow bath 76 24
In drying sheet 76 24
Temperature of the wet sheet 95° F.
Temperature of the water in the shallow bath raised from
60·75° F. to 61·75° F.

	st.	lb.	oz.
Weight prior to the operation	8	1	7 $\frac{3}{4}$
Weight subsequent to the operation....	8	1	5 $\frac{1}{4}$
Loss.....			2 $\frac{1}{2}$ oz.

Operation 7th, of four hours' duration.

	Pulse per minute.	Respiration per minute.	
Before process	72	17	
Immediately after	52	18	
10 minutes after.....	54	25	Getting slowly warm.
20 minutes after.....	52	22	
30 minutes after.....	48	18	Moderately warm ;
1 hour after	44	18	never hot.
2 hours after	42	18·5	
3 hours after	42	18	
4 hours after	46	26	
In shallow bath	72	26	
In drying sheet	72	24	
Temperature of the wet sheet, 95° F.			

	st.	lb.	oz.
Weight prior to the operation	10	7	10
Weight subsequent to the operation....	10	7	6 $\frac{3}{4}$
Loss.....			3 $\frac{1}{4}$

Operation 8th, of four hour's duration.

	Pulse per minute.	Respiration per minute.	
Before the process	72	20	
Immediately after	54	20	After the first few mi-
10 minutes after.....	52	24	nutes he describes
20 minutes after.....	47	25	himself as very
30 minutes after.....	45	22	comfortable, but
1 hour after	42	31	neither warm nor

2 hours after	42	22	cold during the whole process.
3 hours after	48	26	
4 hours after	44	26	
In shallow bath	60	26	
In drying sheet	60	26	
Temperature of the wet sheet, 93° F.			

	st.	lb.	oz.
Weight prior to the operation	10	6	8½
Weight subsequent to the operation....	10	6	6½
Loss.....			1½ oz.

Operation 9th, of four hours' duration.

	Pulse per minute.	Respiration per minute,	
Before the process	60	24	
Immediately after	56	25	Experiences what he calls a comfortable, pleasing and sooth- ing effect, but is not decidedly warm.
10 minutes after.....	48	20	
20 minutes after.....	46	25	
30 minutes after.....	44	21	
1 hour after	42	19	
2 hours after	40	20	
3 hours after	40	19.5	
4 hours after	44	20	
In shallow bath	56	28	
In drying sheet	72	28	
Temperature of the wet sheet, 92° F.			
Temperature of the water in the shallow bath raised from 47.5° F. to 49° F.			

	st.	lb.	oz.
Weight prior to the process	10	6	0½
Weight subsequent to the process	10	6	0
Loss.....			½ oz."

The obvious deduction from these important experiments is, that wet sheet packing acts as a direct sedative upon the heart's action. It does not reduce the whole weight of the body to any appreciable amount, so that there can be but little loss by perspiration. The *rationale* of the operation seems to be, that heat is slowly abstracted from the body, while the temperature

of the skin is maintained, so that there is no sensation of cold. In fact, it might be called a slow dose of cold. The fall of the pulse and the general sense of languor and sleepiness are exactly similar to what is described as the first effects of severe cold. And we cannot but regard it as a valuable discovery, that we should be able to command the action of the heart so effectually without producing any unpleasant or dangerous symptoms. There are many cases of over-action of the heart which are in themselves very distressing, and which often give rise ultimately to organic lesions, either of that organ, or of the brain, and which are sometimes difficult to subdue by any homœopathic medicines ; in such cases, I am of opinion that wet sheet packing might be resorted to with great advantage. Of its perfect safety there seems to be but one opinion on the part of all who have had such experience of it as to make their testimony of any value.

Next in frequency to the wet sheet packing, both on account of the novelty of the appliance, and its manifold utility, is the *wet-compress*. This consists in a strip of sheeting or table linen of sufficient breadth to reach from the pit of the stomach to the hips. So much of this is wetted as is enough to go round the body except about four inches on each side of the spine, and several plies are then wrapped over it so as completely to exclude the air and prevent evaporation : or, instead of this somewhat cumbrous method, a piece of mackintosh-cloth is bound over the wet portion. This is frequently worn night and day, and is changed as often as it becomes dry. The operation of this constant poultice is of a very complicated kind. It acts by simple mechanical pressure upon the abdominal muscles, and gives relief in this way : it also acts as a soothing application when there is much irritation of the viscera, so that it has been called an opiate to the abdomen, and is found very beneficial in cases of nervous indigestion attended with sensitiveness of the surface to pressure. Dr. Gully recommends its removal during a meal, especially dinner, and for an hour after it, as it seems to increase the sense of fulness and discomfort in the stomach if worn at that time. Besides acting in this soothing way, it must also operate as a counter-irritant, for sooner or later it causes an eruption of some kind

on the part where it is applied. This is not surprising, but it has another very curious effect, which seems to depend upon some endosmotic action, for there is generally, or at least frequently, an exudation of glutinous matter. "In one case," Dr. Gully says, (of bad nervous headache in a lady who had taken enormous quantities of physic for it,) "I saw an exudation of matters of a brownish hue, which stiffened the compress as if with starch, and gave out the unquestionable odours of colocynth and aloes. It continued for one week in varying quantity, then ceased, and broke out again in five weeks afterwards, continuing for a fortnight, and smelling of aloes, gamboge, and, at times, of camphor. I have often seen colours and smelt odours of various kinds pervading the compress, but could never be certain of either beyond a strong medicinal smell. In the instance alluded to, there was not the slightest doubt upon the subject." One of the most important of its effects in a practical point of view for us to be aware of is, that it acts in very many cases as a certain and mild aperient, if worn for three or four hours. It would be interesting to know whether it acted in this way by inducing a transudation of medicine, already in the system, through the skin, or by stimulating the torpid bowels, or by allaying the irritability of the spinal nerves. For it is manifest that the laws of reflex action must come into play when so considerable a stimulant or sedative is applied to the large surface of the abdomen. Indeed, there seems a most interesting field for observation and experiment in regard to the whole modes of action of this and many other applications used by those who practise the water-cure, and, I trust, that either Dr. Gully, or some one else of large experience and ability, may, before long, treat the subject in a more scientific and less popular style than has hitherto been the fashion of the writers on this department of medicine.

The value of local wet bandages in rheumatic inflammation of the joints is pretty generally admitted. They are used, at least cold water is employed, very freely by Dr. Fleischmann in the Vienna Hospital, and there seems to be no ground whatever for the notion, at one time prevalent, that there was a danger of their inducing a metastasis to the heart. On

the contrary, the allaying of the pain and the subsidence of the local inflammation, tend to prevent rather than to excite endocarditis, which, according to some very high authorities, is a constant attendant, in some degree, of all acute rheumatism.

The compress is said to be of use in that form of enuresis which depends upon over-sensitiveness of the neck of the bladder. In such cases, it should be worn upon the perinæum by means of such a bandage as is used to support the testicles. It is not found generally to be of any avail against neuralgic pains, although it is said that in paroxysms of sciatica, a large wet compress round the thigh gives pretty certain relief. After the compress is removed, the part should be washed with cold water to prevent its too great sensitiveness to the air, on the same principle that the whole surface is spunged after a wet sheet packing.

We consider that a case is now made out for admitting the wet compress into our army of auxiliaries, and employing it in various forms of nervous and mucous indigestion as a sedative and aperient, as well as in local inflammations, and as far as my observation goes, it is not only quite harmless, but positively agreeable to most patients. It would serve no good purpose to enter into a minute detail of all the various kinds of baths and other methods of applying water employed by those who practise the water-cure. It will be time enough to do so when they are agreed among themselves as to the particular cases for which each is appropriate. And it is hardly possible to hear without a smile the merciless criticism with which one frequently dissects the treatment recommended by another; for, in fact, it is as yet an entirely empirical mode of cure, and its promoters explain the benefit derived by totally opposite physiological principles. Indeed, all the books hitherto published upon the water-cure in this country, are full of gratuitous assumptions, many of which are denied by all physiologists, and the others, even if admitted, would be refused the exclusive prominence given to them by what might be called the medical unitarianism of the writer. Nevertheless, as it is impossible for the physician to have too large a supply of

resources in the management of the numerous and tedious and complicated diseases he may have to treat, it may be as well to mention one or two of the more favourite processes at present in vogue at Malvern, and I presume elsewhere. One of the most agreeable is the *soap-lathering*, as it is called. This consists of covering the whole surface with soap, made into a lather with tepid water, by means of a piece of flannel, and then washing it off with pure tepid water. Of course this is nothing but a simply detergent process, combined with more or less friction. It probably induces a more rapid and healthy exfoliation of cuticle than is usual, even in perfect health, and the soap, by uniting with the oleaginous matter continually being secreted by the sebiparous glands, favours its ready expulsion from their ducts, which are intimately connected with the hair-bulbs, and thus promotes the healthy growth of the hairs. The immediate relief given by this in many acute affections is worth knowing. I have at present under my care a gentleman affected with a very severe and long-continued attack of rheumatic ophthalmia, attended with intense pain in the head. His suffering is immediately relieved by the soap lathering, and the feverish symptoms abate, and are succeeded by a sense of ease and comfort which it would be impossible for any medicine to afford. The effect is probably due to the soothing influence of the soap rubbing and washing, reducing the excessive sensitiveness of the nervous system, which makes the other nerves sympathise too keenly with the morbid sensation in the eye. Whatever the explanation may be, there is no reason why patients suffering from local inflammations of a similar kind, should not enjoy the alleviation afforded by this simple and cleanly process. And it is so agreeable, that many persons continue it after the reason for its first administration has passed away, from the grateful general sensation it usually promotes in the system.

The dripping sheet is another highly fashionable appliance. A large sheet is dipped in cold water and thrown over the patient so as to cover his head, the bath attendant then rubs his whole body very smartly with it, and afterwards dries it with a hardish towel. This produces a pleasant glow of the

surface, and stimulates the whole system into a condition of conscious vigour. It is generally used in the morning, and is a very pleasant and healthy kind of cold bath.

The sitz bath is so familiar to all practitioners as not to require any special description. The immersion of the lower part of the trunk in water for half-an-hour at a time, more or less, has often a very beneficial effect in cases of constipation, hæmorrhoids, and leucorrhœa. It obviously acts at once as a sedative and gentle stimulant, allaying morbid irritability, and promoting the action of the muscular system of the abdomen. In common I presume with most of my colleagues, I have long been in the habit of employing this form of bath, and can confidently recommend it in the class of cases I have just indicated.

The douche belongs so exclusively to the province of the water-curist, that it would be profanation on the part of the uninitiated to speak of its mysteries, but there is a sort of miniature douche recommended by Dr. Gully, and thus described by him, which is well worthy of our consideration, as he gives tolerably precise indications for its use. "The patient sits on a board placed across the lower end of a shallow or sitz bath, with his back turned towards the bath. The bath attendant then dips a towel into a large can of cold water, and rubs it up and down the length of the spine, not waiting till it is warmed by the patient's body, but constantly changing the water in the bowl, so as to renew the shock of the cold as often as possible. This is continued from three to ten minutes.

"The operation of this application will be sufficiently obvious from what has preceded. It stimulates by the constantly renewed cold; and the reaction is so great as to amount to the sensation of burning along the track of the spine. Applied, too, as it is, immediately over a great nervous centre, it has a more direct and powerful action on the nerves of locomotion and sensation proceeding thence over the whole frame. By virtue of this it clears the head, when it is confused, pained, or lethargic; it gives alacrity to the limbs, and spreads over the skin a sense of comfort which is due to the stimulus propagated along its nerves. Further, by the sympathy with the organic

nerves, it expels flatus from the stomach and intestines, and occasionally acts as a very speedy aperient." So far Dr. Gully. It seems to resemble in its effects the application of galvanism to the spine, and is certainly, on the whole, much more easy of administration, and attended probably with greater advantages. I have seen excellent effects from galvanism in cases of torpid bowels and imperfect digestion, depending on some forms of spinal irritation, and for such cases in future I should be inclined to try spinal washing in preference.

Hand and foot-baths are frequently used, and are said to relieve nervous headaches. A shallow foot-bath taken at bedtime is undoubtedly useful in warming the feet when they are so cold as to interfere with the sleep of the patient, and the same remark applies to general washing of the whole body before going to bed.

With regard to the potations more than pottle-deep of water once so much in vogue, they have rather fallen into abeyance, but are still employed when there is torpidity of the system, and a glass of cold water on rising in the morning not unfrequently procures a motion of the bowels in persons subject to constipation, and supersedes all other treatment.

Such is a brief survey of the water-cure from the purely practical point of view, and before closing these remarks, it may be well to point out the kind of cases which we believe are not likely to benefit by it, for the ultimate responsibility falls upon the permanent medical adviser, and not altogether upon the water-cure practitioner. He naturally gives as encouraging a report of the probability of a patient's deriving benefit from a course of treatment as he well can, and this added to the sanguine expectation of those who have made a considerable effort to reach the waters of healing, very frequently induces patients to remain for months, and afterwards to leave no better and often worse than they came. For there is this manifest difference between the water system and all others that it cannot be given up at once. The person who undergoes it is told he must expect to be worse before he is better, and finding the first part of the promise fulfilled, he lingers on in the hopes of the fulfilment of the second, and at length, after wasting months

and undergoing great pain it may be, and certainly discomfort, he has the mortification to discover that his was not a suitable case for the treatment, and returns to his old medical adviser complaining of his disappointment. One of the most distinguished and liberal physicians in the kingdom lately said, that he very frequently met with such cases, and the observation is corroborated by my own experience. I do not wish to impute blame to the practitioners of the water-cure, but to guard against having too sanguine expectations from the process; for there is something so imposing in the popular description of these places, and in the magnificent water-palaces where the local Neptunes hold sway, and in the whole armament of water power which meets the eye, that it requires considerable scepticism to doubt that before such a stupendous machinery of healing force, disease of every kind must not at once capitulate. However, this is not the case, and, as a general rule, few specific organic diseases seem to be much affected by it, and I believe that cases of spinal irritation and uterine diseases are very often positively aggravated by water-treatment. I mention these two especially, because they have come under my own observation, and because it is rather the fashion to send patients of this kind to some of the water-cure places. Of course it is hardly necessary to say anything about chest complaints, the common sense of this country is sufficiently alive to the risks persons so afflicted must inevitably run. Neither are renal diseases likely to be benefitted, but liver complaints certainly are very often improved by the water-cure, and some of the most striking cures Dr. Gully has published, are of this disease. However, there are few diseases over which homœopathic medicine has more power, so that it would be unfair to give the preference to the water-cure, although it is quite fair to admit its innocuousness and even great utility in these cases. We cannot conclude without expressing a hope that those who preside over these important institutions may be penetrated with a deep sense of the responsibility of their position, and by the integrity of their conduct, and the purity of their lives, and the dignity of their proceedings, silence the charge of cupidity which is so often advanced against them

and, as they occupy a very prominent place in their little locality, they may set such an example as to give a high moral tone to the devotees who congregate round their shrine, and repress to the utmost the evils naturally engendered by perfect idleness, and the continual meeting of people whose sole subject of interest is their own complaints and those of their neighbours. And as the washing of the body has been accepted in all ages as an allegorical symbol of the purification of the mind, may this symbol be still respected, and may the physician and the patient alike remember that the rite of baptism, if properly pondered, has a daily significance in a christian land.

HOMŒOPATHIC CLINICAL STUDIES.

Chronic Catarrh.

(Continued from page 56.)

“ If we observe a patient during such an attack we find the vascular system in a state of the greatest excitement, the heart and arteries beating violently ; the dyspnoea increased to an extreme degree ; blueish tinge of the skin, especially of the face ; delirium ; and finally stupor and prostration. Even while the excitement lasts we observe the forerunners of the incipient decomposition of the organic tissues and the exhaustion of the vital powers. For the blood, or its watery parts, inclining to decomposition, exudes from the congested capillaries into the tissues or cavities : hence occur hæmorrhages from the lungs or bowels ; ecchymotic or œdematous infiltrations ; effusions more particularly into the brain. The vital powers sink, and one function after another is paralysed,” &c. “ To this delineation of chronic catarrh we can oppose the physiological effects of none among the hitherto proved medicines except those of Arsenic, that polychrest in diseases of exhaustion, and of a septic tendency. Indeed the resemblance between them is so great, that it may be demonstrated, as the following cases show, not only in the great features of the disease, but also in the minor symptoms ; and in fact it forces

on to the choice of Arsenic in those cases of chronic catarrh, in which the organism reacts vehemently against the disease.

“ L. Jacob, ætat. 50, a labourer, has suffered from cough for more than ten years, which is at times aggravated, especially in spring, but is on the whole not very troublesome. He had no difficulty of breathing, except after violent bodily exertion ; but for the last three or four months his breathing has been more frequently difficult. For the last three weeks the paroxysms of cough and difficult breathing have been very frequent and very violent, and often lasted several hours, never subsiding altogether. The attacks have come on most at night, forcing the patient to get out of bed and lean his head against anything, as that position was the easiest to get breath. In addition to these symptoms he has had for three days shooting pains in the chest, and headache and nausea after the fits of cough.

His present state on admission on the 11th February is as follows :—The patient is strongly built ; his countenance has an expression of anxiety, with a slightly blueish tinge round the lips ; his eyes are slightly injected ; the chest is broad and vaulted ; the intercostal spaces widened and projecting ; the percussion is very full and clear on the whole circumference of the chest ; the heart is displaced towards the median line and scrobiculus cordis, so that the beat is heard and felt there ; the diaphragm is depressed towards the abdominal cavity. Auscultation gives coarse and fine rales in the whole chest ; the respiration is short and quick ; the cough is very frequent, and generally short, with now and then more violent paroxysms, which cause the patient to sit up quickly and grasp the side of the bed. During these paroxysms of cough his face swells up and becomes blueish, red, and hot ; a cold sweat breaks out on the forehead ; the expression indicates the greatest anguish ; the heart beats tumultuously, and the patient falls at last into a confused stupor, from which he is only roused by the next fit of coughing. The beat of the heart is violent in the interval ; the pulse is 90 and small, and at times intermits. The liver projects a finger-breadth below the ribs ; the feet are œdematous at the ankles.

“ The subjective symptoms are :—The patient complains of almost constant want of breath, which is at times relieved after the fits of coughing, but at others not ; oppression at the chest, and an oft-recurring sense of anxiety ; shooting pains in the back of the head, more especially during the cough ; want of appetite ; great thirst ; jerking, tearing pains in the legs : sense of general heat, or only in the head ; sensation, as if boiling-water were poured into the chest.

“ The symptoms are aggravated in the recumbent position, and especially by lying on the right side ; the worst attacks come on in the night ; and therefore he passes most nights without sleep. We gave *arsenic*. The effect was surprising ; for almost immediately relief was experienced in the dyspnœa ; the cough came seldomer ; the vascular excitement was entirely removed, and the pulse fell to 72. On the 4th day the patient felt quite well, and remained so till the eighth day, on which there came again considerable oppression of the chest and frequent fits of coughing ; but he remained otherwise pretty well.

“ In about four weeks another attack came on with the following symptoms ;—almost constant, troublesome difficulty of breathing ; violent fits of coughing with anxiety ; copious watery sputa, mixed with little specks of pigment, expectorated at long intervals, and with much straining ; cyanotic tinge of the face, and upper and lower limbs ; faint beat of the heart ; pulse 64, small, soft and weak ; swelling of the hands and feet ; great weakness and prostration of strength. We gave *carbo vegetabilis*. During the use of this medicine the patient recovered quickly and visibly ; his strength increased ; the cyanosis went off almost quite, and the swelling of the hands and feet entirely ; his sleep was seldom disturbed, but the cough came mostly in the morning, with easy expectoration, of a moderate amount of tough mucus ; the patient could leave his bed in nine days ; and as during the next eight to ten days he felt no difficulty of breathing, even on quick walking, he went back to his work after a sojourn in the hospital of two months in all. In about a year after he came as an out patient on account of a whitlow, and reported, that during that time he

had remained well, with some trifling exceptions, on which occasion the globules given with him (Carb. v. 15) had relieved his breathing immediately.

“ In this case the symptoms of excitement were at first predominant, and of such a nature, that no more suitable medicine than Arsenic could have been chosen. But afterwards the scene changed, and we could not fail to recognize a deep sinking of the circulatory and nutritive powers of the vascular system and of the dynamic chemical changes between the blood and the inspired air, as was shown by the slow pulse, the low temperature of the limbs, the cyanosis, and the passive watery exudations : the general strength was so diminished that the mucus could not be freely expectorated, and therefore accumulated in the bronchia, increasing the dyspnœa ; in short, the prostration of the powers of reaction was evident, and indicated the choice of a new remedy, viz. the Carbo v.”

“ George E., aged 58, has for the last twelve or fourteen years suffered from very frequent attacks of catarrh ; but during the last three years they have recurred so frequently that he is scarcely ever free from them ; during this period, at first on violent, and subsequently on slighter exertion, he had difficulty of breathing, which within the last six or seven months, without any exciting cause, has passed into confirmed dyspnœa, attended with an indescribable feeling of anguish. As these attacks were becoming more frequent, depriving him of all power of emotion, and even of speaking, his strength diminishing daily, and his condition since the last eight days very much worse, he applied to us for assistance, and was admitted on the 16th of January with the following symptoms :—

“ He is a large, strongly built man. The countenance, lips, the mucous membrane of the mouth as well as the extremities of a purple tint ; the temperature, especially of the head, much increased ; eyes lightly injected ; chest vaulted, especially on the left side ; the intercostal spaces were broader, and pressed outwards ; a loud sound was elicited on percussion, excepting at the superior angle of the scapula on the right side ; the heart was pressed downwards to the scrobiculus cordis, where

its impulse was perceptible ; the diaphragm was forced below the ninth rib ; the liver was two finger's-breadth below the ribs ; breathing quick, short and anxious. Auscultation showed a rattling, whistling sound over the whole chest, and posteriorly a dry crepitation in the inferior lobes of the lungs ; the cough returns mostly at short intervals, is of a violent paroxysmal character, and is accompanied with the following symptoms ;—the purple countenance becomes swollen, evincing the greatest anxiety ; the bloodshot eyes seem starting from their cavities, while all the respiratory muscles are thrown into the greatest activity ; the expectoration is partly a glutinous, glassy, adhesive mass, and partly a frothy fluid. Each attack exhausts the patient to such a degree that paralyzed, he sinks back, deprived of all power of speech. The action of the heart is violent ; pulse 92 ; no evacuation of the bowels for three days.

“ The patient is very uneasy, anxious, quick in speaking and moving, and is constantly endeavouring to change his position. He complains of constant dyspnoea, a feeling of anxiety and suffocation in the chest, especially on lying down, on account of which he constantly sits up in bed, bent forward ; continual tickling in the throat, with a severe burning behind the sternum ; a throbbing pain behind the false ribs ; confused feeling in the head ; vertigo ; occasional stupefaction ; headache ; violent thirst ; heat of the body ; great weakness ; sleeplessness, with frightful dreams on falling asleep.

“ He was ordered Arsenic twice a day.

“ In two days the most troublesome symptoms had disappeared ; temperature normal ; pulse 76 ; sleep of an hour's duration, and refreshing.

“ In seven days the patient was able to leave his bed ; the cough was moderate ; expectoration easy ; there was rarely any difficulty in breathing, and then only slightly ; pulse 68.

“ On the 24th we found him in a state of singular excitement. He spoke a great deal and quickly ; assured us he felt quite well, and wanted to leave the house immediately ; his eyes sparkled, and constantly rolled about ; the temperature was increased ; pulse 90.

“ These symptoms were considered by us as resulting from the

action of Arsenic ; on the discontinuance of the latter medicine the patient returned to his former state of health.

“ On the 35th day we again gave Arsenic ; two days after there was a recurrence of the state of excitement similar to the former, but accompanied with a slight aggravation of the cough, and an increase of the difficulty of breathing. On this account the use of Arsenic was at once discontinued ; and on the 39th day *Lobelia inflata* was prescribed.

“ From this period the patient's improvement continued undisturbed ; the fits of coughing returned but seldom, and were slight ; scarcely any impediment in respiration ; so that on the 48th day the patient left the institution in a condition which allowed him to follow his occupation—that of a gardener.

“ Eight months after he came again as an out-patient, and reported, that until fourteen days before he had been very well, and had had but very rarely any great difficulty of breathing. As in this instance the symptoms of his original complaint were present in a higher degree he was ordered *Carb. veg.* As we saw no more of him it is reasonable to suppose that he received permanent benefit.

“ In the treatment of this patient two faults were committed. The first was, that Arsenic was given too frequently, and for too long a time ; this however we did not regret, as it afforded us an opportunity of witnessing a homœopathic aggravation ; we wish that we could find the second error as excusable, that of administering the *Lobelia inflata*, for the latter medicine disturbed the action of the Arsenic which had already been given. The *Lobelia* was in this case quite superfluous.

“ The use of *Conium* and *Hyoscyamus* in three other patients, if not indispensably necessary, was at least not so superfluous. In these cases, after the violent symptoms of chronic catarrh had been removed by the use of Arsenic or *Carbo. veg.* there appeared a tickling cough at night-time. In the two cases in which *Conium* quickly gave relief the cough was not quite a dry one, for the expectoration, which was very adhesive, was not entirely absent ; the cough in the third case was quite dry, and of a spasmodic nature. A few doses of *Hyoscyamus* removed it.

“ We make use of Arsenic or Carb. veg. as the principal means in chronic catarrh, and in giving the preference to either remedy we consider it as suitable in the particular case, but not as the only one that might be employed.

“ The most frequent and most dangerous complications of chronic catarrh are acute catarrh, and in old persons, inflammation of the lungs. If either of these diseases become associated with a severe form of chronic catarrh, the latter, as the most important disease, must direct the choice of the remedy; in most cases Arsenic will be found necessary. Should the chronic catarrh be of a mild character, then the new disease must first be removed.

“ On three occasions, we had an opportunity of treating an acute catarrh, supervening on the chronic form. The attack was on two occasions speedily removed by Aconite and once Hepar sulph. calc.

“ A young woman, æt. 25, suffered from her childhood from shortness of breath; she says that she has frequently had dangerous inflammatory affections of the chest. The day before her admission, she was attacked with great dyspnoea, high fever, and shooting pains in the right side, especially when coughing. The physician that was called in bled her, an aggravation of the disease was the result. On her admission, the 11th of November, we found the following symptoms :

“ She was a person of moderate strength. The temperature of the body was much elevated, especially in the head; the face was of a purplish tint, the lips of a deeper purple; the arms and legs were also cyanotic; respiration very quick, the muscles of the face and neck being brought into requisition. A fine mucous râle was perceptible even at a distance in the trachea and chest. Speaking and the slightest motion increased the difficulty of breathing to a sense of suffocation; the cough is short, causing violent attacks of anguish; the chest is vaulted, especially in its middle portion; the intercostal spaces are large; the sound elicited on percussion is sonorous in the forepart of the chest, but from the sixth rib behind, hollow and tympanitic. Auscultation discloses over the whole chest a very abundant, moist, mucous rhonchus, and posteriorly on the right

side partly a sonorous rhonchus, and partly bronchial respiration. The heart is forced downwards to the ninth rib; the impulse of the heart was felt in the scrobiculus cordis; the pulse feeble, 130 in a minute. Expectoration little, frothy, coloured with blood; the liver projected beyond the ribs.

“The patient complained of a distressing sense of suffocation, shooting pains in the right side, impeding respiration and motion; occasional delirium; insatiable thirst; great heat, especially of the head and chest.

“As the bronchial tubes were being filled with mucus, with impending suffocation, we were induced to use Tart. emetic as the remedy whose principal physiological action is paralysis of the lungs and vascular system. In two hours our object was fully attained; the dyspnoea had almost entirely disappeared; in a violent fit of coughing, a considerable quantity of a tough, bloody mucus was expectorated, which gave extraordinary relief.

“The patient continued rapidly to improve, so that on the following morning she was out of danger. The mucous rattle that yesterday could be heard at a distance, had now nearly subsided. Auscultation likewise shewed a diminution of the rhonchus.

“In three days, the patient felt herself quite well, could speak and move about; the pneumonic infiltration had not extended further, and the pleuritic pain was entirely gone.

“On the 9th day there was not a trace of the infiltration perceptible.

“On the 11th, there was again considerable difficulty of breathing, with great feverishness. We again had recourse to Tart. emet., which once more removed the symptoms within a few hours.

“On the 22nd day, the patient left the house, assuring us she had not felt so well for a long time.

“In another case, that of a man æt. 55, who had for a long time suffered from chronic catarrh of a milder character, but who was attacked with an inflammation of the lower lobe of the right lung, we prescribed sulphur, and in six days every trace of hepatisation had disappeared, the patient being discharged with no other affection than that caused by his chronic disease.

“ With chronic catarrh of the lungs may also be classed that of the trachea. We cannot now make it a subject of our researches, owing to the few occasions that we have had of witnessing it.

“ In two cases which we treated, *Carbo. veg.* was prescribed with the view of removing the relaxed state of the mucous membrane, and of restoring the normal secretion. It was impossible to decide whether the remedy was of service or not. In the following very remarkable case, it is even doubtful whether the improvement can be ascribed to the use of *Carbo. veg.*

“ Elizabeth L., æt. 31, a powerfully-built person, has suffered frequently from catarrhs, with moderate expectoration. Sometimes the catarrh was attended with oppression of breathing, and for some months the expectoration has been abundantly mixed with streaks of blood; menses regular. On the last occasion, eight days since, they did not remain so long as usual, only three instead of four days. Soon after, the following symptoms arose; moderate cough, with great tickling in the larynx and behind the sternum; troublesome roughness and dry sensation in the throat; expectoration scanty and only effected by a constant hacking cough; debility; loss of appetite; and during the first two days, an alternate feeling of heat and coldness. Hoarseness had existed from the commencement of the attack, and in three days passed into complete aphonia.

“ On her admission, the 8th of January, 1850, we found the following train of symptoms. Temperature normal; the sound on percussion was almost clear on both the upper and posterior regions of the chest. Auscultation showed a sharpening of the respiration, and occasionally, in deep inspiration, a dull, indistinct rattle; the voice was without resonance; cough rare but dry; on the contrary, the patient was troubled with an almost unceasing hacking or hawking. Expectoration very little, and consisting of a serous fluid, containing small grey mucous particles. Pulse 80.

“ The patient complained, in addition to the symptoms already mentioned, of headache in the frontal region, and from time to

time of a feeling of constriction in the chest, relieved by a deep inspiration.

“ We prescribed Carbo vegetab. ; the same day the aphonia was diminished.

“ On the 10th day, the voice was still hoarse, but loud ; otherwise, the patient felt quite well.

“ On the 12th, the hoarseness had nearly disappeared ; there still remained a slight cough with a mucous expectoration. The patient left the house.

“ In this case did the Carb. vegetab. cause the rapid change which occurred, or was the patient admitted just at the very time when the catarrh was passing from the state of congestion and dryness of the mucous membrane into the more favourable one, accompanied with mucous expectoration ?

“ On this point we cannot arrive at any decision.”

OBSERVATIONS ON ACUTE RHEUMATISM,

Being a continuation of the Clinical Studies of Drs. WURMB and CASPAR, with Commentaries.

BY FRANCIS BLACK, M. D.

AT the congress held last year in Edinburgh, it was suggested that acute rheumatism might be a suitable malady in which to test the efficacy of low and high dilutions, as being a disease admitting of easy diagnosis, and one in which Drs. Wurmb and Caspar have recorded the slight efficacy of the 15th dilution. But a little consideration suggests various difficulties in such an experiment. 1st. The diagnosis is not so simple, as it involves an acquaintance with thoracic physical signs. 2nd. As much of the contradictory statements regarding the dose arise from the fact of results being recorded as therapeutic, which evidently occur as the ordinary course of the disease, it is of consequence that the natural history of the affection be first ascertained.

With the hope that this examination will be pursued, I propose to give an abstract of the report of Drs. Wurmb and Caspar, followed by a few observations drawn from my own experience.

Drs. Wurmb and Caspar commence their report by remarking that recent investigations into rheumatism are altogether barren of results ; that its nature is as unknown to us as it was to our forefathers ; nay, that its diagnosis is no nearer in our day than in theirs. The report is limited to those kinds of rheumatism, which, either through the accompanying fever, present themselves as acute diseases, or where from their continuance and symptoms there is no indication of a diathesis deeply rooted in the organism. Cases of chronic rheumatism occurred too seldom in the hospital to form materials for a report.

In 1850, 69 patients suffering from acute rheumatism were treated ; of these 20 were men, 49 women.

24	were	from	10	to	20	years	old,
35	„	„	20	to	30	„	„
7	„	„	30	to	40	„	„
3	„	„	40	to	50	„	„

The greater number were robust, full blooded, and otherwise healthy persons. This was the case they especially observed in the more violent forms of acute articular rheumatism. Cold was the general exciting cause of muscular rheumatism ; but they failed, as other observers have done, in establishing the exciting causes of articular rheumatism.

Of the 69 cases one died. The patient was a girl, aged 20, of robust constitution ; she was admitted into the hospital on account of a not very severe rheumatism. After some days the fever lessened, the pains ceased, and she gave a good account of herself, when suddenly symptoms of cerebral irritation set in, of which in three hours time she died. The post mortem examination revealed no alteration in the brain, or in any other organ.

Another case may be instanced ; the patient was 17, healthy, she was admitted into the hospital for violent pains, and swelling of ankles and knee joints, with slight fever. The case was treated as articular rheumatism with Bry. ; and in eight days the patient left the hospital cured. In four days she returned with symptoms of severe chorea, but from want of room she could not be admitted ; she was then received into the Allge-

meine Krankenhaus, there her disease attained a degree seldom witnessed ; and in two weeks terminated in death.

In two instances severe attacks occurred, eleven and seventeen days after the patients had cholera. In five other cases the cholera supervened on the rheumatism, entirely checking the latter. The former had already declined in these patients some hours before the proper outbreak of the cholera, a little later all the pains had ceased, and at the commencement of the vomiting and diarrhœa the swelling of the joints disappeared. One of these cases, however, was an exception. A girl, aged 21, who suffered from severe articular rheumatism, with high fever, derived no relief during eleven days from the homœopathic remedies administered, was suddenly seized on the morning of the 12th day with severe cholera, without any premonitory symptoms. The pains in the joints continued unabated, even worse during the vomiting ; but towards the evening the pains and swelling disappeared. The attack of cholera passed happily away, the patient soon recovered ; but four days later the rheumatism returned, nearly as violently as before. After some days she was seized with variola, the eruption came out very thickly, especially on the swollen joints, but exercised no influence on the rheumatism. During the decline of the small-pox feverish symptoms showed themselves, and after these ceased the rheumatism improved, and progressed rapidly to a perfect recovery.

Of the 69 cases 22 are reported as suffering from muscular, and 47 from articular rheumatism.

Some of the former cases ran their course in four, six, eight days. On the other hand, others lasted from eighteen to thirty days. They conclude that, though four to eight days is a shorter period than the expectant treatment probably affords, yet the cures of only short duration ought not to be regarded as medical cures : for the average duration of all the cases is nine days, the same period as under the expectant method. In articular rheumatism the duration was very variable, from the commencement to the complete disappearance some cases ran their course in from four to eleven days, while others lasted fourteen, twenty, thirty, forty, fifty, sixty, even seventy days.

The number of cases, the duration of which was under twenty days, was only 7. The average duration was thirty days. We have therefore, they say, exactly as under the expectant method, a duration of eight days, as the exception; from eight to twenty as a rare one; and twenty to thirty as the usual; from thirty to fifty again as a rare one; and from fifty to seventy as the exception.

They then proceed to report the treatment, remarking, that however different muscular and articular rheumatism may be, they have both probably their seat in the fibrous, sero-fibrous, and serous tissues. In both diseases, therefore, such remedies are indicated as act on these tissues. They observe that muscular rheumatism offers fewer indications than articular; in the latter there are in addition to the pains, conditions of the joints, and febrile action, the hyperinotic crisis,* derangements of the cutaneous, intestinal, and urinary secretions; the more a remedy possesses these principal symptoms, so much easier is the choice. They regret that, with many remedies, no such comparison can be made; as the provings, however accurate, as far as they go, deal much more in subjective than objective symptoms. They therefore urge further provings in the furtherance of which all the aids of modern diagnosis should be enlisted. The remedies given in muscular rheumatism were Acon. Bry. Puls. Nux, Ign. Mez. Coloc. In articular rheumatism, the same medicines, with the exception of Nux v. and Ign., were used; as also Rhod. Led. Ruta, Colch. Staph. China, Mang. Caust. Sul. Merc. S. Spig. Euphr. Lach.

They then enter more fully into the indications for some of these remedies, but this I shall postpone to a later part of this paper, and at present draw attention to Drs. Wurmb and Caspar's general expression of their experience of the homœopathic treatment of acute rheumatism.

* This is an expression of Simon, and is applied by him to the condition when there is an increase of the fibrine and fat, and a decrease of the corpuscles of the blood. On this term it is remarked by Dr. Copland, "a principal part of the science of German pathologists consists in the coining of terms." [For an explanation of this and other terms of the modern German Humoral Pathologists, we must refer our readers to the papers of Prof. Engel, Vol. iv, pp. 110, 336, and Vol. v, pp. 239, 526.—Eds.]

After commenting briefly on the allopathic practice in this disease, and alluding to the circumstance that some practitioners of that school refrain from all medication, they observe (for the translation of this I am indebted to Dr. Acworth's kindness),

“ The homœopathists unfortunately have also no cause to be content with our present treatment of rheumatism, for it is not one to boast of. We would not by any means deny that many of those who hold our faith have made some splendid cures; but in spite of this we must beg to say *nothing has been achieved up to the present time* for the treatment of rheumatism—nay, that homœopathists, as opposed to their antagonists, labour under the disadvantage of never once recognizing this truth. How else does it happen, that after more than fifty years, during which our therapeutic system has existed, we are the first to point attention to that truth? Whoever knows in what point of view homœopathy had to fight its way, and unfold itself, will easily understand why now the question, on the answer to which hung the fate of Hahnemann's doctrine, has lost its former meaning? Our predecessors were obliged in fact in order to get their mode of cure done justice to, to furnish proof before every thing else, that homœopathy did more than allopathy. *That they have produced this proof is a fact*—but as little can it be denied that they ascribe to their remedies many a cure that was wholly due to nature. We have quite another question now to answer, and a much more difficult one; viz., *how stands homœopathy related to the expectant method?* or what does nature, and what avails art? The answer to this question has, in fact, only now become possible, since scepticism has led to the abandonment of medicines, and the exhibition only of dietetic treatment; it is much more important than the above—it is properly the vital question of homœopathy—and it is certain that on our account a contest thus awaits us, which as all the tokens lead us to expect, will end for us just as favourably as that with allopathy, for which we ought therefore to stand prepared, throwing aside, with a view to this, everything that through our own fault has hitherto placed itself directly in the way of perfecting our mode of cure. Among the chief of these obstacles we reckon :

“ 1st. The too great honouring of our system and self-esteem. For the sake of the one and the other we have been silent—not

seldom—when our success was not such as we wished. On the contrary, we have often blown the trumpet loudly when our success has fallen out luckily. No one however has taken the trouble, in the place of single cases of cure, to give us the gross results of his general medical practice. Homœopathic literature consequently boasts of no end to the number of successful cases, and inoculates many a colleague *with a belief in the infallibility and perfection of our system.*

“ 2nd. The continual change of remedies. We hold it unnecessary to notice further this successive mixing (for properly is this frequent alteration nothing else) indicating uncertainty in the diagnosis of the disease, or of the remedy—or ignorance of the course of the disease, &c.

“ 3rd. *The unhappily, not rare, neglect of diagnosis.* That a rational treatment is not possible without an exact diagnosis of disease, such a one as rests on the knowledge of the whole anatomical and functional condition, is what we many times ere now have noticed; and, therefore, we only here remark that it is the extraordinary neglect of this which has classed together many diseases as rheumatism, to which quite another place should be assigned in a nosological system.”

The tone of this report denotes not only a love of truth in the writers, and a freedom from all partisanship, but it also strongly indicates the healthy condition of homœopathy in Vienna.

Whether the general conclusions be correct or not, the observations which accompany them are well worthy of being borne in mind, especially *the too great honoring of ourselves, and of our system, the forgetfulness of the ordinary course of disease.* The writers seem to feel assured that homœopathy has gained that position where it need not fear the assaults of allopathy; and where secure from without, more ample time and leisure may be given to the cultivation of therapeutics; comparing the new results, not with those of ordinary medicine, but with those of unassisted nature. The advice tendered, though it may appear to deal roughly with some of our idols, will no doubt be generally received in the same spirit in which it is given. Gradually as our system gains in years and in

adherents we become more liberal in our tone, freer from what Isaac Taylor so well describes as the autocratic sentiment, the infatuation which works as an irrepressible energy in the bosom of every man who is born to discover or to govern. So it was with our founder; the products of his mind, the fruits of long and painful thought and experiment became as a whole and in all their parts even the smallest, so identical with his own personal consciousness, that to excise any part of this whole, was the same thing as to pluck out an eye. Hahnemann shared this illusion in common with the loftiest and most vigorous minds. But what is pardonable, nay even to be admired in the Founder, degenerates into arrogance and vanity in the Disciple.

While acceding to the general observations, I cannot entirely agree with the more special conclusion that "nothing has been achieved to the present time for the treatment of rheumatism taken as a whole." I would, however, confine my comments to acute rheumatism, and hope to be able to show that there is evidence of direct curative effects from homœopathic medicine; and that this may even be deduced from the report under review.

The report commences with a remark, the partial incompleteness of which appears to me to be the clue to what I think are overdrawn conclusions. They write—"recent investigations into rheumatism are altogether barren of results." This is only partly the case; for although the disease is obscure in its origin, and its real pathology undetermined, yet recent investigations have discovered the important fact, that with the inflammation of the joints there is in about one-half of all the cases inflammation of the lining or investing membrane of the heart. A complication which attaches to the disease its chief danger, not only during the attack, but even when this has passed away, leaving behind results which tend to increase, and to involve the patient in all the distress and suffering of cardiac diseases. Maladies again, which late observations have shown to be frequent exciting causes of chorea, apoplexy, softening of the brain, and hemiplegia.

It is to be regretted that in Drs. Wurmb and Caspar's report

no special allusion is made to any thoracic complication ; and yet the fact of their existing is evident from a passing allusion to an endocardiac murmur, being probably arrested by Acon. ; and again, under the head of Spigelia, "this remedy has been very seldom used by us ; only when peri or endocardiac symptoms existed, but such complications were not common (p. 238.)

For lack of such details, and with no carefully collected evidence as to the pure expectant treatment of acute rheumatism that I can find, and I know not from what source Dr. Wurmb draws his expectant averages, the enquiry must be confined to what homœopathic remedies do in comparison with those adopted in ordinary practice ; the results of the latter from various and opposite modes of medication so nearly tally, that some may probably consider them as recoveries independent of the medicine.

The theory now prevalent among the latter school is, that rheumatism is a blood disease, connected, say some, with an increase of lithic acid in the blood ; that this is generated in the system as a product of mal-assimilation, a vicious metamorphic origin, and forms the *materies morbi* ; the elimination of this from the system exciting what is called a rheumatic attack. But is not this a mere clothing of our ignorance in words, besides no lithic acid has been discovered in the blood of rheumatic, though it has been in that of gouty patients. The failure of the attempt to neutralize this *materies morbi* by alkalies is a further illustration of the remark of one of the most enthusiastic chemical pathologists, the late Dr. Prout, "Nature refuses to accept the chemist as her journeyman."

Much as histology and chemistry may do for medicine, they will prove *ignes fatui*, if not viewed as subordinates to vital dynamics.

Granting that there is an excess of lithic excretions, that the blood is disordered, of which there is no further evidence than that when drawn it contains an increase of fibrine, and a diminution of hæmato-globuline, is it not more reasonable to regard these as results, and not as the exciting cause of the disease, and more rational to try to correct the deranged vital

energy which permits these changes. With all the learned directions as to checking the further formation of poison, eliminating that poison, and restoring healthy assimilation, it must be admitted that the ordinary treatment of acute rheumatism is *purely empirical*. The same remedies being now in use that were in vogue before the present theories were held; and it is interesting to note that the action of several of these remedies, such as Merc. Guiac. Colch., is easily explained in virtue of the homœopathic law.

It is curious to observe how many remedies, especially of the heroic class,* and which till lately held so prominent a place as absolute sheet anchors in this disease, are now found to be not only useless, but positively injurious, changes which cannot be explained by Dr. Alison's advocacy of the asthenic character of modern disease; they are changes which, in this and other affections, tell how imperfect and how difficult therapeutic observations are; changes which teach us all modesty in statement of results, and point to the true test of comparison the natural course of disease. This comparison has been so ably drawn in the case of pneumonia by Dr. Henderson, and with such happy results, as to promote the earnest wish that this method may soon be extended to other affections.

* For example: "There are some who would say that free bleeding adopted early would have stopped the pericardial inflammation at once, and have saved the patient. The answer to this is as follows:—namely, that many cases have been bled, both largely and early, by others as well as myself, and that the result has not been more favourable than in this instance; the patient has died with quite as great a coating of lymph on the heart, and quite as much or more effusion into the pericardium. Indeed I have a strong opinion that large bleedings form liquid effusions; they make the blood more watery, and by diminishing its coloured particles, impair the vigour of its vital changes. Again you will ask, why I did not try local bleeding over the region of the præcordia. To this I reply, because in many previous trials I have found it inadequate to the object in view. If you will take the trouble to refer to a work which I published some years ago upon rheumatic fever and gout, you will then find that I advocated the application of leeches and blisters over the region of the heart. Since that time I have learned by large experience, and trust to the latter only, and have abandoned every active antiphlogistic treatment in these cases, as being not only ineffective but mischievous."—Dr. Todd's Clin. Lectures, *Medical Times and Gazette*, Dec. 18, 1852.

Duration of Acute Rheumatism.

DR. WARREN, viewing with no great faith the crowd of opposite remedies and plans of treatment, considers that six weeks' rest in bed is the best prescription. Much akin to the good old advice in the sister disease of gout, "flannel and patience." Sir C. Soudamore states the duration in favourable cases as twenty-one days, and in slight attacks a less period; in untoward cases two months, and even more;* Chomel assigns four weeks as the average period; and that recovery never takes place before the 20th day.† Dr. Macleod ranks the duration at from five to six weeks.‡ According to Dr. Fuller's experience, drawn from 246 cases admitted into St. George's Hospital, the great majority were convalescent about the end of the fourth, or beginning of the fifth week, and were able to leave the hospital about the end of the sixth.§ His remarks refer to well developed and uncomplicated cases; but where complications of the heart and lungs exist the disease is often more protracted and more formidable; so that during the same four years patients were ill—70, 84, 99, 119, 144, and 170 days. Dr. Fuller, however, adds—

"Experience has taught me to believe that remedial agents are capable of still further shortening its duration; and to such an extent does this hold good, that, as I hope to show, the average duration of an uncomplicated attack may be reduced by judicious treatment, from a month or five weeks, to ten days or a fortnight. Many circumstances, however, must obviously interfere with this favourable issue. An unhealthy cachectic state of constitution, an hereditary predisposition, improper diet, and injudicious treatment, must tend materially to impede recovery, and so must an imperfect action of the skin, and a sluggish and irregular action of the other excretory organs. Under such unfavourable conditions as these, it may be long before the system is freed from the poison, and the disease may be indefinitely protracted." (p. 67.)

* On rheumatism, p. 25.

† *La Lancette Française*, Aout. 1852.

‡ On rheumatism, p. 25.

§ On rheumatism, rheumatic gout, and sciatica. Lond. 1852, p. 67.

Now, taking into account the very frequent occurrence of one or more of these unfavourable circumstances, the first statements drawn from the hospital may be regarded as the average duration. Dr. Fuller concludes against the possibility of cutting the disease short; and while discussing this, states what may account for his particular success in some cases, and which, at least, coming from one who has so carefully observed, and so accurately recorded the course of this disease, merits remembrance when the question is asked, what does art and what does nature in acute rheumatism?

“Whilst I was following the practice of Messrs. Chomel and Rostan at the Hôtel Dieu at Paris, I paid great attention to all the cases of rheumatic fever; I have watched with equal care all the cases admitted into the wards of St. George’s Hospital during the greater part of the last ten years; and in my own practice at the Hospital and in private life, have tested the value of different modes of treatment, but it has never been my lot to witness the results ascribed by different gentlemen, each to his own particular remedies. Doubtless instances are occasionally met with in which the disease subsides almost immediately under treatment. The favourable result is referable probably to some change induced in the functions of assimilation, by agencies altogether beyond our ken; and it occurs so seldom that it cannot be fairly cited as indicating the possession of a power to arrest or cut short the disease” (p. 68.)

Termination.—Unless when there is thoracic or cerebral complication the disease terminates favourably, leaving, however, when the attack has been badly developed, or *over-treated*, or the patient of bad habit, or strong hereditary predisposition, more or less pains, with constitutional disturbance, chronic rheumatism, and rheumatic gout. Sometimes death arises, and the post mortem reveals no morbid change: as in two cases given by Dr. Fuller (p. 301); and in that reported by Drs. Wurmb and Caspar (p. 223.) I have been unable to ascertain the proportion of deaths to recoveries. Dr. Fuller gives a Table, showing the important fact, that cardiac inflammation has an influence in producing a fatal termination: he notes 16 deaths, more than one-half of which occurred between the ages of

15 and 20. He does not mention the number of patients treated during the six years, merely stating in another part that the total cases from 1st January, 1845, to 1st May, 1848, were 379—238 men, and 159 women. But 16 does not evidently include all the deaths, as may be judged from a remark which follows in his next sentence.

Complications.—The following Tables represent the frequency of complications.

TABLE I.—PERICARDITIS.

	No. of Cases of Pericarditis.	Cases of Acute Rheumatism.	Proportion.
Dr. Fuller . .	39	246	1 in every 6·3
Dr. Basham . .	14	66	1 „ 4·7
Dr. W. Budd . .	5	43	1 „ 8·6
Dr. Latham . .	22	136	1 „ 6·12
Dr. Macleod . .	54	307	1 „ 5·7
Dr. Taylor . .	8	49	1 „ 6·1
Total	142	847	1 „ 5·97

TABLE II.—RECENT ENDOCARDIAL AFFECTION.

	No. of Cases of Endocarditis.	Cases of Acute Rheumatism.	Proportion.
Dr. Fuller . .	107	246	1 in every 2·3
Dr. W. Budd . .	17·3	43	1 „ 2·48
Dr. Latham . .	65	136	1 „ 2·09
Dr. Taylor . .	25·4	49	1 „ 1·92
Total	214·7	474	1 „ 2·25

Of the 379 cases previously referred to, as treated in St. George's Hospital, the heart was affected in 187 instances: of these 180 were cases of recent origin. Pericarditis occurred once in every 12·4 men, and once in every 6·7 women. Endocarditis in every 3·4 men, and in every 2·6 women. Besides, the cardiac complications, out of the 246, which are entered

also as distinguished from subacute cases, 41, or one in every 6 were complicated with some form of pulmonary inflammation. In almost all the fatal cases of carditis, either pleurisy, or pneumonia, or pleuro-pneumonia was present (p. 309). Dr. Latham reports his experience of pulmonary complication in 136 cases, as 1 in every 5·6 cases.

Such is a general sketch of the principal features of acute rheumatism as observed under ordinary treatment; these results cannot be correctly compared with expectant treatment, because the materials do not exist; nor with the homœopathic, because here, to use a mathematical phrase, the *value of unity* is not known. But though a positive conclusion cannot be arrived at as yet, the materials seem sufficient to afford such a relative comparison as may establish what Drs. W. and C. doubt,—that homœopathy has facilitated the treatment of acute rheumatism.

As regards mortality, taking Drs. Wurmb and Caspar's cases, and adding them to those treated homœopathically in the Hospital of the Sisters of Mercy at Vienna,* there is a total of 693 cases, with one death under Dr. Wurmb, and that not arising from any of the usual complications, but from an unknown cause. If the number treated at St. George's Hospital (already alluded to) be doubled, and the deaths be recorded at 16, which is under the number, the comparison is very much in favour of homœopathic treatment, even if a considerable margin be allowed for mistakes.

As regards duration. The duration of cases under Drs. W. and C. approaches very closely to that recorded by Chomel, and to that by Dr. Fuller, but may be stated generally to be less.

As regards complications with cardiac and pulmonary inflammations: here again the want of detailed data in the report of both the Viennese hospitals prevents comparison; but, judging from the absence of deaths, from the age and sex of the patients being that at which such complications are so common, and from the remarks already quoted from Drs. W. and C., I feel inclined to suppose that their numbers of cardiac complications were less frequent and less severe than what are met with in allopathic practice.

* Brit. J. of Hom. vol. I.

This will be an important point, as indicating the value of treatment, if Dr. Fuller succeeds in establishing what he considers to be very probable, that the heart may generally be protected from mischief when the patient is early subjected to appropriate treatment.* Undoubtedly improper treatment, *i. e.* whatever renders the heart more irritable, such as bleeding and purging, increases the probability of cardiac seizure.† That absence of cardiac and pulmonary inflammation is not simply due to withholding such remedies seems to a certain extent shewn by the report of eleven cases by Dr. Fuller where no medical treatment was adopted, and in six of these he is inclined to think that some form of carditis existed. It is to be hoped that at some future time more carefully detailed reports from both the Vienna hospitals as bearing on this point may be published; for if under homœopathic treatment there is much less chance of cardiac complication, it will be greater proof of curative power than even diminished duration of the disease,—the latter implies a few days more or less of suffering, the former the future comfort and existence of the patient.

There are other marks on which the curative nature of homœopathic treatment may be established: 1st, the action of the remedy on the pulse; 2nd, the relief to the articular inflammation following so closely and in such circumstance the administration of the remedy, that the connection cannot be doubted; 3rd, the subsidence of cardiac inflammation, both as regards duration, but more especially in the subsequent effects.

In the hope of contributing an answer to these various queries, I would now add my own experience on acute articular rheumatism.

I date the commencement of an attack from the time the pulse is quickened; and the cessation from the time that all constitutional disturbance ceases and the patient is able to leave

* Loc. cit. p. 261.

† Dietl has shewn this to be the case in pneumonia; of 17 who died and had been bled, 7 presented complications with meningitis or pericarditis; of 22 who died and had been treated with Tartar emetic, only one presented a complication, pericarditis; of 14 who died under the expectant practice, not one instance of complication was found.—Dr. Henderson, *Brit. J. of Hom.*, vol. X, p. 635.

his bed and walk about the room, even though there may still be a little tenderness of the joints, which is however not owing to continued rheumatism, but to the condition in which the parts have been left.

In reporting my cases, as few have patience to read through long details, I have abridged the reports as much as possible; and I have followed the advice of Dr. Wurmb, in giving my whole experience, and not only striking cases. Excluding cases of muscular rheumatism, even when attended with febrile symptoms, I have notes of only twelve cases of acute articular rheumatism. From 1841 to 1847 I treated several cases, but have unfortunately no notes of them, or so imperfect that they are of no use in such an enquiry. Trusting to my memory, I cannot recollect any tedious case, or any where cardiac complication produced a fatal termination. My impression is that the cases were very tractable, and I believe Dr. Russell* can bear me out in this opinion, as far as our joint five years' experience of dispensary practice is concerned, and during the first year of this 18 cases were treated. Since 1847 I have notes of the cases treated, and I add three I saw in consultation.

CASE I.—A strong healthy housemaid, aged about 21, sanguine temperament; disease affecting the wrists, elbows and knees; came on sharply, attended with profuse perspirations; no cardiac complication; pulse soon reduced by Acon.; additional remedies Bry. and Puls. *Duration 14 days; recovery perfect.*

CASE II.—S. O., a lady occupied in teaching among the poor, aged 28, lymphatic temperament, pale sickly appearance, complaining for a month of indigestion and aching of legs: attack commenced 1st Dec. 1848. Seen by me 6th Dec.; pulse 90; Puls. 3. On the 7th, pulse 116; Acon. 3 and Bry 3; reduced on the 11th to 100. On the 11th, pericardial friction sounds were heard, with stabbing pains and tenderness in the cardiac region. Spig. 3.

12th.—Pulse 84; pains and friction sound less.

14th.—Pulse 82; no friction sounds, or increased dulness; still uneasiness about the heart. Ars. 6.

25th.—Able to leave her room.

* This accords with my impression; indeed some of the most strikingly successful cases we treated in Edinburgh were of acute articular rheumatism.—J. R. R.

Exposure on the 27th excited a slight relapse, but no cardiac symptoms.

Able to go about by end of 1st week in Jan. 1849.

The pains were very wandering, one joint after another being affected. Recovery imperfect, in as far as on change of weather she was liable to aching of ankles and instep up to the winter of 1851, but since then very well. No traces of cardiac disease now existing (1852). *Duration 25 days.*

CASE III.—Colonel L., aged 50, spare habit, had rheumatic fever in 1846 with pericarditis; fever lasted four weeks, but for twelve months was unable to take exercise; treated with calomel and aperients; an open blister for twelve months; after that derived great benefit from homœopathic doses of Sulph. Saw him on the 20th Feb. 1850; illness commenced during the night, exciting cause long continued fatigue in the night air. Pains at first seated in the back, then extended to the joints of fingers, and toes; to the ankles and knees, with redness and swelling; scanty urine; copious sweats; pulse at first 100, reduced on the 22nd to 82 under Acon. 3 and Bry. 3 alternately every hour to three hours. The affected joints were wrapped in wet bandages. Bry. 3 every three hours continued to the 26th, then Rhus 3 in same manner, with decided relief to the 28th; then returned to Bry., when relief was stationary. Able to be up March 1st. 2nd.—Able to go about the house, free of pain, but a little stiffness. No present acute cardiac affection, but well marked aortic valvular disease with slight hypertrophy. *Duration 12 days, recovery complete.**

CASE IV.—J. B., aged 26, a gardener, bilious temperament, strong muscular development; had rheumatic fever when 12, was then confined a year; in eight years a similar attack, and in a few months after another; bled, cupped for cardiac complication, blistered, and mercurialized in Bath hospital. During 1850 I prescribed with advantage for the heart affection; there was slight increase of dulness, both sounds marked by a loud rasping murmur, heard loudest towards apex; pulse irregular.

* After this attack I gave him at intervals Lachesis and Arsenic, with great relief to the cardiac symptoms. I examined the heart Oct. 28th, 1852, and found, what the patient observed, decided diminution of the previously existing protrusion of cardiac region; the action of heart much more regular, there is still slight hypertrophy with a rough systolic murmur, heard loudest at base of heart.

April 1851.—Suffering from high fever with great pain, swelling and redness of head, face, neck and shoulder.

2nd day.—Left eye became affected, and soon almost double its size, projecting like an egg from the socket; the sclerotic and conjunctiva, especially the former, highly inflamed; unable to see with that eye. Pain in joints; delirious at night, increase of pain, and great uneasiness at the heart. Acon. 3, Bell. 3. Spig. 3 for three days; fever abating. Then for four days Merc. sol., $3\frac{1}{2}$ gr. every two to four hours. By 8th day he was out of bed, all the symptoms subdued. On the 16th day he was able to walk two miles to see me; the eye had nearly recovered its usual size, leaving still a pinky hue of sclerotic. *Recovery perfect, duration 12 days.*

CASE V.—J. B., aged 27, same subject as Case IV. In Jan. 1852 attacked with rheumatic fever; pulse beyond 100; skin at first dry and hot, then copious perspiration; pain and swelling at first of arms, especially of shoulder joints, with muscular aching all over the body; unable to move. 2nd day, pain in left arm and hand, and affected the whole body, joints and muscles. Eleven days in bed, still suffering from slight swelling and redness of joints, but was able by the end of the third week to resume his work. No recent cardiac affection. Remedies, Acon., Bry. and Rhus, 1st and 3rd dilution. *Duration 18 days, recovery imperfect, in as far as he was liable to chronic rheumatism in damp weather.**

CASE VI.—C. B., aged 42, housemaid, nervous habit, has for some months been delicate; the catamenia leaving; loss of appetite, indigestion, &c.

7th Oct. confined to bed, seen Oct. 8th; quick, small pulse; scanty urine; dry, hot skin; pain affecting the joints of the arms, the chest and the abdomen, principally muscular; uneasy feeling at heart, with occasional stabbing pains, extending up to the neck and down left arm; palpitation of the heart, faint endocardial murmur. Acon. 3 and Bry. 3, alternately.

9th.—No improvement, restless night. Acon. 3, Spig. 1. From this date symptoms gradually improved, murmur disappeared, but still occasional pain about the heart, and throbbing irregular action.

* There is a peculiarity in this patient's case; his attacks are always preceded by a craving appetite, and by stopping of the nose and coryza, continuing from four to six weeks prior to an attack of acute rheumatism. I have succeeded twice in checking these premonitory symptoms with Ars. and Kali b.

Puls. 6, Bry. 3, Rhus 3, without any very decided relief to rheumatic pains, but Spig. given occasionally for the cardiac pain always rapidly gave relief.

25th.—Able to be up.

26th.—Left the room, but receiving sad news had relapse of pain, uneasiness about the heart, no fever; prosopalgia. Puls. and Spig. soon useful; shortly able to resume her work. *Duration 24 days, recovery perfect.*

Heart examined, Oct. 1852—no disease.

CASE VII.—S. T., aged 38, many years in bad health, well drugged, lymphatic temperament; suffers much from aguelike fits attendant on the catamenia ceasing, they have always been scanty; for the last week she has had gastrodynia and lumbago. Attack commenced Feb. 17th, 1852; pulse 100; feels depressed; violent pains all over the body, especially the trunk, least movement painful; in a few days the ankles, wrists, and knees were swollen, this improved, and then the pains affected the hip joints and thorax; occasional throbbing of heart, but sounds normal; copious perspirations; urine very scanty. Acon. soon reduced pulse; for seven days pulse normal, but weak. Bry. and Puls. were given, then Bry. 3, Puls. 3, Rhus 3, Lach. 6, Colch. 3 were given, without any very apparent effect; latterly the pains were much about head and face, and these were much relieved by Chin. 3.

April 6th.—Permitted to leave her room, and on April 17th able to go about.

Duration 26 days, recovery perfect, but the climateric symptoms for months were troublesome, much relieved by a course of warm salt water baths.

CASE VIII.—M., a surgeon, aged 45, lymphatic temperament; very abstemious in his habits, felt unwell, and depressed for eight to ten days before signs of rheumatism appeared: he had been a week in bed when I saw him in July, 1852, and had taken Acon., Bry., Rhus., &c., without further relief than that his pulse fell to 86. The face sunken; eyes staring; confused look; dull headache; wandering in mind slightly during the day, and very much at night; bowels not moved for six days; urine scanty; now no perspirations; swelling of joints of toes, ankles, wrists, and elbows; dull aching pain, and shooting in limbs; gnawing of the muscles; and occasional cramp like pain. Nux v. 3, $\frac{1}{4}$ gtt. 4ta. q. q. h.

Two days after bowels were moved; the urine became more abundant; pulse 80; still wandering at night; joint pains less. Nux. v. 1 continued for two days, and water compress to hands and feet; these gave great relief. Then Sulphur was given for a few days; and in a few days afterwards he was attending to his professional duties.

Duration 20 days—recovery perfect.—I might say 18 days, but there is a little confusion in my notes, so I have added two days to avoid error.

CASE IX.—C. W., a mate of a steamer, bilious temperament, suffering for three years from chronic mercurial periostitis, was taken ill on the 18th August, 1852, with shivering, fever, pain, and swelling of ankles and wrists, dry burning skin, and quick full pulse. Acon. 3, and Bry. 3, alternately.

19th.—Pulse lower; pain and swelling as before. Hot air-bath for twenty minutes. Bry. 3.

20th.—Considerably relieved—continued Bry., and another bath. Bry. was continued to the 26th, when he was able to leave his bed.

On the 29th, owing to exposure, he was seized with parotitis, which ran on to suppuration. Bell. and Hep. were given.

Duration nine days—recovery perfect; including the severe attack of parotitis he was able to go out on the 21st day.

CASE X.—B., 36, unmarried, a lady's maid; had severe rheumatic fever when 18, and was then nine weeks in bed. For the last week has been feeling unwell, complaining of indigestion and pain in the limbs; the symptoms assumed an acute character on Sept. 25th, 1852. Pulse 96, small; urine very scanty; tongue furred; bowels costive; skin dry; has swelling of joints. Acon. 3, Bry. 3, alternately every two hours.

26th.—Worse—pulse 100—wiry; principal complaint is of tenderness over heart, with violent shooting pains, and occasional throbbing of heart; rough murmur accompanying sounds of heart; no increase of dulness; swelling and pain of wrists; and pain of left leg and knee, pains increased by motion; copious sweats; bowels moved; urine less scanty. Acon. 3, two doses, then Spig. 3, 2da. q. q. h. Water poultice to pained joints.

27th.—Slept better; less throbbing; less cardiac tenderness; murmurs as before; pulse 96; joints more swollen; pain less. Spig. 1

every two hours, for twice, and Bry. 1, in the same manner, given alternately.

28th.—More fever. Acon. 1 every hour.

29th.—Pulse 82—natural, murmur softer, hardly audible with second sound, no dulness, and tenderness much less; the Acon. excited perspiration after every dose, the skin having been hot and dry. Acon. 1 and Bry. A, alternately every two hours.

October 2nd.—Acon. and Bry. had been continued: the cardiac symptoms disappeared, except a faint murmur with first sound, loudest at base of heart. Pulse 80, soft and full. The joint pains little changed. Puls. 3.

4th.—The pains are still erratic, and hip-joint is now principally affected; copious sweats. Merc. s. grss. 3ta. q. q. h.

On the 7th, able to move joints without pain; the pain is more in neck and scapula; urine more abundant; perspiration nearly ceased. Rhus 1, 3tia. q. q. h.

9th.—Return of joint pain with swelling. Bry. 1.

10th.—Heart no better; has formication, with chills and cramp like pain in thigh. Nux. v. 3.

12th.—Very marked improvement. Cont.

13.—She was able to be up. Animal food given. A threatening of joint pains returned on 15th. Bry. A.

18th.—Able to be moved to another house at some distance, and to walk about the room. Sul. 6.

Not seen again till the 24th, when it appears that on the 21st she sat near a partially open window, and was seized with shooting pain in various parts, running in lines, where the pain terminates an erythematous patch appears, with partial perspiration. This continued on the 23rd. There was, and is, occasional palpitation of heart, no pain, but murmur is louder; feels often very faint; no joint pains. Ars. 3, 4ta. q. q. h.

26th.—Much better, pain gone, and heart symptoms better.

She continued daily to improve; but on November 7th she was seized with sickness, faintness, and violent palpitation of heart, lasting two hours, and recurring from time to time; pulse 80; constriction of chest; great tenderness over heart; the murmur more distinct;—these symptoms came on as catamenia ceased, with joint pains and perspiration. Spig. 1, 3tia. q. q. h.

Nov. 8th.—Pulse 72. Lach. 6, 3tia. q. q. h., and hot air-bath.

9th.—Much better.

11th.—Cardiac tendernes gone. Pulse 70; rarely palpitation, murmur less rough and loud. Appetite returning; tongue cleaning; able to go about the house, and to move affected joints without pain, though the toes and knees are still stiff. Continue Lach.

During December and early part of January she took Colch. 1 and A, with advantage.

February, 1853.—Able to follow her avocation without palpitation of heart; there is still a distinct systolic murmur, most distinct at base of heart.

Duration 47 days. Recovery imperfect, in as far as there was slight chronic rheumatism, and slight trace of disease of the aortic valve; query, the result of this or of a former attack?

CASE XI.—A cook, aged 27, subject to rheumatism; bilious temperament; catamenia regular; after exposure to damp and cold complained of being ill; on the 9th and 10th October, 1852, her mistress gave her a few globules of Acon. 18, without relief.

I saw her on the 11th.—Pulse 100; skin hot, with tendency to perspiration; furred tongue; urine scanty, and high coloured; bowels costive; acute pain in back, neck, scapula, and wrists, increased by attempt to move. Acon. 3, and Bry. alternately.

12th.—Pain worse; pulse 100. Bry. A, 2da. q. q. h.

13th.—Pains gone; still feels unwell; pulse 100. Continue Bry. 6 ta. q. q. h.

15th.—Able to sit up in bed; nausea, and bitter risings. Merc. sol. 3.

16th.—Threatening of pain in arms and wrists; bowels costive. Nux v.

18th.—Well.

Duration 9 days—recovery perfect.

CASE XII.—Same subject as Case VII; has for some months been enjoying very good health; attributes the present attack to exposure to cold.

During the 27th, 28th, 29th December, 1852, she complained of general indisposition.

On the 30th she had aching all over the body.

I saw her on the 31st.—Aching in knees and ankles, with pain and slight redness of joints of hands and feet; furred tongue; bowels costive; no urine passed for eighteen hours, and then scanty; pulse

100. Stabbing pain in cardiac region, which is tender to the touch; feeling of anxiety; faintness and depression; movement causes great distress, especially about heart. Water poultice to hands, and feet. Acon. 3, every hour for six times; then Spig. 1 every two hours.

January 1st.—No sleep; felt no relief from Acon.; but after every dose of Spig. she experienced diminution of cardiac pains; still strong action of heart, with occasional palpitation; uneasiness, but no acute pain, still tenderness, so that the stethoscope can hardly be used, sounds normal; pulse 82, Joint pains as before; urine passed once, scanty; no action of bowels; profuse perspiration. Spig. 3.

2nd.—Less palpitation; frequent cold chilly feelings; copious sweats, which relieve the pain. Puls. 3.

3rd.—Bowels moved; less chills; pains less; can move affected joints more easily; still cardiac tenderness; no shooting pains. Cont. Puls.

4th.—During the night stabbing pains in heart, with palpitation, soon relieved by Spig.; less cardiac tenderness; no modification of sounds, except that perhaps first sound is a little prolonged; pulse 60; bitter taste in mouth; tongue yellow, furred; urine scanty, passed with scalding pain; pain easier; profuse perspirations. Merc. s. 3, gr. ss., 3tia. q. q. h. in alternation with Canth. 3.

5th.—Marked improvement. No cardiac tenderness or pain. Cont. diet beef-tea.

7th.—Continued improvement; but to-day there is dull, heavy feeling in head; slight return of rheumatic pain, as if joints were bruised; urine more abundant; pulse 62. Arnica ϕ , gtt. $\frac{1}{2}$, 2da. q. q. h.

This was followed by great relief, and continued to the 9th, 3tia. q. q. h., when Bry. was given for shooting pains in stomach.

15th.—Able to leave her bed. On the 12th she had slight dysenteric attack (then epidemic), which was soon checked by Merc. c.

18th.—Well. No abnormal heart symptoms. An occasional dose of Colch. 1.

Duration 20 days—recovery perfect.

Of the cases seen in consultation, *one* was that of a healthy gentleman, an M.D., about 30, bilious temperament; he had previously

had occasional chronic rheumatism; this attack was a sharp one, affecting, when I saw him, principally the knees, attended with sweats; pulse quick; no cardiac affection; no very decided effects from the various remedies, such as Acon., Bry., Rhus, &c. Duration about 28 days; recovery imperfect, in as far as he required a course of hydropathic treatment, &c., in order to get free.

The *second* was that of a delicate housemaid, age about 25: this attack was attended with severe endocarditis, which yielded very satisfactorily to Spig. and Ars., especially the latter. Duration 30 days.

The *third case* should not be entered as acute rheumatism, as the disease showed a chronic character throughout its course; but I report it as the issue was fatal; and it has been the most unsatisfactory case as regards relief from the remedies that I have yet treated.

A lady, aged about 35, delicate strumous look; the catamenia very scanty; began to complain of rheumatic pains in May, 1849, unattended with fever. Mr. Trotman then prescribed for her; during June I attended along with him; in addition to the rheumatism, principally of the smaller joints, there was extreme wakefulness; great irritability of the heart; no cardiac pain; systolic murmur, but not very distinct. We tried various remedies; Spig. appeared to allay the cardiac symptoms; but other remedies, such as Ars., Bry., Puls., Nux., Ran., Colch., Led., &c., had little effect on the rheumatism. Mesmerism was used to remove the wakefulness, but with no results. During July I ceased to see her, and she was so far improved as to get out occasionally, and able to go to the sea-side. In August I again saw her, and now the rheumatic disease seemed to fix itself on the cerebro-spinal system, producing partial hemiplegia; then it left the spine and attacked the heart, and especially the diaphragm: and again, there was extreme wakefulness. No relief from various remedies. By the end of September the attacks of violent dyspnoea, sobbing, and laboured action of the heart, became more alarming and severe: the only position that afforded any relief was resting on the hands and knees, or with the head between the knees. No remedy, and we tried many, giving relief, we pronounced an unfavourable prognosis: the patient was then placed under the care of two allopathic medical men, and died in less than a fortnight.

I consider this case was more rheumatic gout, even though the heart was affected, which is not common in this species of rheumatism.

My experience leads me to believe that homœopathic remedies have a direct curative effect in acute articular rheumatism.

The duration of the twelve cases gives an average of 19 days; and if to these are added the two I saw in consultation, and the only six cases I can find in our English literature published in full, viz., three severe but uncomplicated, by Dr. Henderson,* very satisfactory cases, and three by Dr. Laurie,† very interesting from the rapid cure of the cardiac complications, (the heart symptoms having existed some days in two cases before any treatment was resorted to, and in one there had been ten days' allopathic treatment with no benefit,) the average is 19·3 days. The longest duration 47 days, the shortest 8 days. In all these cases low dilutions were given, and the doses repeated frequently; the average duration of the cases bears a very favourable comparison with those treated in the ordinary way, and with those treated by Drs. Wurmb and Caspar with the 15th dil.

I also infer the positive nature of the treatment from the mode in which the pulse fell under the action of Acon. in various instances; from the manner in which the pericarditis yielded in case No. 2; also from case No. 6, where, if there were not actual endocarditis, the remedies may justly have the credit of having averted it; also from a similar result in case No. 12, where there existed every symptom of cardiac inflammation except the physical, and the patient made a perfect and rapid recovery.‡

* Inquiry into Hom. Practice, p. 89. † Elements of Hom. Practice, p. 377.

‡ I quote the following opinion of Dr. Latham that there was cardiac inflammation though no murmur was present. "Take a case which you have watched and treated day after day, a case in which, day after day, you have examined and listened to the chest, fearing and guarding against surprise, and have felt all possible confidence that hitherto the heart is free. In such a case, pain arises,—distinct and sudden pain, in or near the præcordial region; or the heart begins suddenly to beat with excessive impulse; or the heart, as if struck with weakness, suddenly begins to flutter and act irregularly; but, withal, you can detect neither bellows' murmur nor sound of alteration. What then are you to think of the disease, and what to do? You

In case No. 10 with endocarditis the relief is not so striking, but still bears happy comparison with what is observed under ordinary treatment ; case No. 4, with very violent deep seated inflammation of the eye, is also satisfactory evidence of direct relief by art.

At the same time I admit that, as regards relief to articular pains, we must be prepared to be sometimes disappointed ; and this in proportion as the disease assumes the character of rheumatic gout, or when the affection may be regarded as purely chronic. In such cases there is a deep rooted constitutional taint, either hereditary or acquired ; a taint which may be one or all of the miasms of Hahnemann, fostered and stimulated by mercury, by alcoholic drinks, or a vicious life. In such cases issue must be joined with Drs. Wurmb and Caspar, that little positive has yet been done : but this is no cause to discourage, it merely stimulates to further exertion. By careful treatment such diseases may be arrested in young children ; to cure them in the adult is often virtually the same task as to remodel the constitution. I have used nearly the same medicines as were employed by Drs. W. and C., but in the lower dilutions, one, Arnica, in the mother tincture. As might be expected from the negative character of the report, Drs. W. and C. give no new indications for their therapeutic choice, nor am I able to point out any, but rather to state that many of the indications which are often valuable in chronic rheumatism do not always avail in the acute attack : for example, Rhus will often cure when the pains are relieved by repose, and become excruciating when the affected parts are moved ; Puls. will relieve when the pains are stationary, and not when they flit about from joint to joint. Other indications again, such as of Mercurius, "pains with profuse perspiration, which however affords no relief," is not founded on the physiological action of the medicine so far as that is known, and it is an indication I have repeatedly seen belied in practice.

The remedies in which I would have most confidence in acute rheumatism are, Acon., Bry., Rhus, Puls., Arn., Nux v., Merc., are to conclude, that inflammation is begun in the heart, and you are to take measures to subdue it without a moment's delay."

Colch. : the following also merit attention, Bell., Cham., Led., Lach., Sul., Kali Bich., Kali Hydr. and Kali Nit.

Coloc., recommended by some, is I think, with Drs. W. and C., not a probably useful remedy in acute rheumatism, though of value in some kinds of sciatica, &c.

China they do not regard as an anti-rheumatic, though they found it relieve pains in scorbutic and cancerous habits, pains which admitted of being classed under no other name than rheumatism. They used it with success in the sequelæ of acute rheumatism, in cases where there were anæmia, great weakness, increased nervous irritability, the pains not circumscribed but diffused, relieved by motion, increased by pressure.

Colchicum I have not often used in acute rheumatism, but it appears to me well worthy of more extensive trial. From my present experience of it, I agree with Drs. W. and C. in considering that it is more especially indicated when acute rheumatism is passing into a chronic form, or when the chronic takes on an acute character. In other words it appears more indicated in rheumatic gout than pure rheumatism. It possesses in a more marked manner than almost any of the present provings of other medicines the features of rheumatism. For example : intense gnawing pain in all the joints of the extremities ; profuse acid sweating ; tightness in the head ; rheumatic pains in the neck.* Drs. W. and C. consider the muscular weakness amounting to a feeling of paralysis, with signs of capillary congestion and diminished vital power, as characteristic of Colch., and thus excluding it in most cases of rheumatism. I doubt much if such symptoms are so eminently characteristic of this remedy. Dr. Kurz has seen much benefit from it in rheumatism complicated with anasarca. There are some cases reported of *ascites* preceded by rheumatism successfully treated with this medicine. Dr. Kurz recommends it in rheumatic diarrhœa attended with tearing pains in the abdomen, especially about the sigmoid flexure of the colon ; when the pain is increased by pressure, and is worse at night than in the day time ; when the stools are slimy, streaked with blood, and lumpy, attended with tenesmus and nocturnal fever. Also in feverish

* Christison on Poisons, p. 883.

rheumatism, where the pains are erratic, worse at night, without redness, and with very moderate, if any, swelling of the part; almost constant shivering; skin dry, and no perspiration; not any thirst; urine clear and reddish. Dr. K. gives the tincture of the seeds of *Colchicum*, 1st or 3rd dilutions, repeating it every two, four, or six hours.*

In ordinary practice it is considered less efficacious in the weak and nervous, than in the more robust (this, perhaps, because it is given in such large and depressing doses); less valuable in purely fibrous rheumatism, than in cases complicated by synovial affections. Dr. Fuller says—"In my hands it has proved less advantageous in proportion as the fever has exceeded the articular swelling, and as the urine has been less highly charged with lithates."† And, according to Chelius, Dr. G. Bird, &c., *Colchicum greatly increases the amount of lithates in the urine.*

Ledum I have seen highly beneficial in acute arthritis, especially in a case of great effusion into the knee joint, but I have no evidence of its value in acute rheumatism.

Cardiac complications. The question may naturally be asked if there are no remedies purely homœopathic to all the symptoms of acute rheumatism, can the cardiac inflammations be treated with a probability of success? Yes, they may, even if no such remedies existed; inflammation occurring in the course of Bright's disease, in the tubercular and cancerous dyscrasia, yield to treatment, and yet there are no remedies which produce tubercle or cancer. So it is in the cardiac and pulmonary complications of acute rheumatism; there are remedies which, if not purely homœopathic to all the phases of the disease, are strictly so to the inflammations. The principal dependence in pericarditis is on *Acon.*, *Bry.*, *Ars.*, *Merc.*, *Spig.*, and *Colch.*; in endocarditis, *Acon.*, *Spig.*, *Ars.*, *Lach.*, *Bry.*, *Dig.*, and *Colch.*‡

* *Allgem. Hom. Zeit.* Band. 27, No. V.

† p. 97, loc. cit.

‡ Boenninghausen, in his *Therapeutic Manual*, has fallen into several errors as to the various medicines which act on the heart, he places *Calc.*, *Natr. M.*, *Puls.*, *Sul.*, *Spig.*, in the first rank, fixing *Ars.*, *Dig.*, *Lach.*, in the third—these three undoubtedly first class cardiac remedies are ranked with

It is in such cases that the advantage and necessity of stethoscopic examination is so apparent, an examination that should be daily instituted from the period of the invasion of the rheumatism until perfect recovery has taken place. As soon as attrition sounds are heard, I would give Acon., and Bry. alternately, or singly, from every half hour to three hours, till there was improvement. If, in 36 hours, these friction sounds still continued and gave reason to suppose that the disease was advancing, I would change to Merc., unless there were violent stabbing pains in the heart, with suspicion of the endocardium being affected, when Spig. would be preferred. If the disease resists these remedies, and signs of effusion shew themselves, Ars. given steadily and frequently for several days would be my chief dependence.

In a case of great effusion into the pericardium with bronchitis and congested lungs, which had been treated allopathically for ten days, I found arseniuretted hydrogen, as recommended by Dr. Drysdale,* so useful in relieving the patient, even with the imperfect apparatus used, that I shall resort to it in similar cases, especially when the patient has been so drugged that the buccal and digestive mucous membranes are not in a condition to be impressed by minute doses.

We possess no remedy which possesses a more marked action on the heart than Ars. The following case shews how rapidly effusion into the pericardium may be absorbed.

A lady, aged 60, subject to biliary derangement, &c., was taken ill in April 1847, with shivering, giddiness, faintness, and spasms in the chest. She attempted to treat herself homœopathically, but during the 24th, the wakefulness, pain in chest, and dyspnoea were increasing so much, that I was consulted on the 25th. I found her suffering much from hurried

Viola Tricolor. Then turning to the paragraph on the pulse, under the head of medicines producing *no alteration of the pulse*, figures this same Viola Tricolor; and yet, according to Boenninghausen, it has a greater action on the heart than Ars. In this same paragraph appears Natr. in the largest capitals, and again it figures in similar characters under *inequalities in the pulse*. But the greatest curiosities are four medicines, Acon., Rhus., Arn., Spig., which have the remarkable property of making the radial pulse to beat quicker than the heart, in other words, performing an impossibility.

* Brit. J. of Hom. vii, 559.

and oppressed breathing, obliged to be supported in bed, anxious countenance, face suffused, and lips livid: slight loose cough; tenderness over hepatic region; pulse 120, weak, and tremulous. Sounds on percussion over lungs normal, occasional mucous and sonorous râles; abnormal extent of dulness over cardiac region; impulse of heart very weak; sounds hardly audible, except a little to right of cartilage of third rib. Ars. 6 was given at first every twenty minutes, until dyspnœa was relieved, then every four hours.

April 26.—Dyspnœa less, slept four hours, less wheezing; less pain in hepatic region; pulse 90, stronger; impulse of heart a little stronger.

28.—Much better; able to lie back in bed; no wheezing in chest; pulse 80, fuller; cardiac dulness a little less; a soft rubbing double murmur is heard; sounds of heart still faint, and closely resemble each other.

April 30.—The friction sounds were much less audible, and she was permitted to leave her bed, whereas on the 27th an attempt to move excited faintness.

May 4.—She felt well; pulse 65; cardiac dulness normal, a slight trace of friction-sound. Ars. 6 and 3 were the only remedies used. Some time after this, she suffered from chronic rheumatic pains.*

Colchicum has been recommended by some practitioners. Dr. Laurie has published a case where marked amendment speedily followed its employment (*loc. cit.*) I cannot, however, agree with the remark of Dr. Cl. Müller, whom he quotes as stating that it seems more homœopathic to pericarditis than to endocarditis, and this on the grounds of the morbid anatomy in a man poisoned by Colchicum. These morbid appearances are not correctly reported. They are evidently taken from Mr. Fereday's case, where the pleuræ were red, lungs much gorged, their surfaces as well as the diaphragm and heart

* This case recalls to my memory the remark of Dr. Acworth, that cardiac disease may exist as a primary disease, in which the joints are affected secondarily, or that it occurs as a rheumatic affection, without the joints being touched at all. (*Br. J. of Hom. x, 434.*) Similar cases have been given; one by Dr. Graves, *Clin. Med. ii, 160*; Dr. Watson, *Practice of Physic, ii, p. 288*; Dr. Hope on the Heart, p. 178; Dr. Taylor, *Med. Chir. Trans. xxviii, p. 527*; Dr. Fuller on Rheumatism, p. 138.

covered with ecchymosed spots; little or no effusion into the pericardium.* This is very different from Dr. Müller's report, large circumscribed patches of lymph with effusion of serum into the pericardium; and when viewed with the other morbid signs and symptoms during life, is of less cardiac value.

In endocarditis, I would commence with Acon. and Spig., singly or alternately, and persevere steadily for two days; if at the end of that time no improvement were apparent, then resort to Arsenicum. If this failed, then I would try Lachesis. I believe most cases will yield to Acon., Spig., and Ars., given frequently and in the low dilutions. In advanced cases where the heart's action gets enfeebled, either from effusion into the pericardium, or from inflammation of the heart's substance, Dig. and Lach. will be found of service in restoring power and regularity of action, and failing them Bar. c. and Ver. are worthy of trial.

Dr. Cl. Müller enters Bismuth as a medicine to be remembered in endocarditis: he says it produces violent beating of the heart, tearing pains round the left nipple. The morbid appearances are vivid inflammatory redness of both ventricles. On looking to the original source of the symptoms, I find that it is the only fatal case on record of poisoning by Bismuth.† A man, aged 40, took two drachms of the trisnitrate with a little cream of tartar, by mistake for a mixture of chalk and magnesia to relieve water-brash. The symptoms of morbid appearances were those of intestinal inflammation: if any cardiac symptoms were present, the former ailment masked them. In looking through various physiological experiments of Wernetz, reported by Wibmer (p. 418), there are not many very well marked signs of cardiac disturbance. It produced, in small doses, giddiness, pressive frontal headache, disturbed vision, redness of the conjunctiva, and buzzing in the ears; increased heat of skin; the pulse quick, hard, and jerking; with larger doses the breathing was obstructed; heat in the chest, and the heart-beats were strong and frequent. Though Bismuth acts more especially on the digestive functions, the brain, and the spinal cord, it merits a trial in cardiac diseases.

* Lond. Med. Gaz. x, 160.

† Wibmer die Wirkungen der Gifte, &c., i, 417.

Cuprum metallicum in alternation with Spigelia has been recommended by Schrön in rheumatic affections, with tearing pain in the limbs, increased by touch. Acute rheumatism of the joints with a tight feeling about the heart, sudden attack of anguish, trembling of the heart and sense of emptiness in the left side of chest, tendency to faint, and weak pulse.

Glonoine may prove of value in diminishing the frequency and irritability of the heart: doses of $\frac{1}{100}$ th part of a drop, raise the pulse from 60, 70, 80 to 100, 120, 140, and afterwards produce great inequality in the heart's action, oppression in the chest, feeble pulsation of the heart, fainting, &c.

Pulmonary complications: I have never met with them; such medicines as Acon., Bry., Arn. and Sul. are indicated if pleurisy be present; Acon., Bry., Phos. and Rhus if pneumonia exist; and Bry., Ars., Merc., Kali b., Tart. e. and Brom., if there be bronchitis, and tendency to capillary congestion.

Delirium and other head symptoms, such as extreme wakefulness, occur sometimes in the course of acute rheumatism; they are symptoms indicative of extreme danger, even though post mortem examinations generally fail in affording evidence of cerebral mischief. They are often dependent on the cardiac and pulmonary complications; or occur without these in weak excitable habits, and are more dangerous in the latter than in the former case. In the only case with delirium that I treated, there was no complication; it yielded to Nux, and resembled somewhat the delirium of drunkards. Perhaps in such cases Cupr., Nux and Zinc. might be useful. I would, *a priori*, prefer them to Bell., Stram., Hyos., the cerebral symptoms of which indicate a more acute and active disorder; whereas in this affection the brain's action appears depressed, similar to the cases where Cupr. ac. acts so well in hydrencephaloid affections, and where Zinc is recommended in the palsied condition of the brain in malignant scarlatina, and typhus. Lachesis and Hell. probably hold a medium place.

Auxiliaries.—The inflammation and pains of the joints are very much relieved by enveloping the affected joints in cloths wrung out of cold water, and surrounding this with oiled silk so as to exclude the air; this acts as a poultice, and keeps the joint in a constant vapour bath: they may be re-dipped in the

cold water from every six to twelve hours, according to the degree of inflammation. When once put on they should be continued until all constitutional disturbance has passed away, then replaced by cotton wool for a few days, and then the joints rubbed daily with the hands dipped in cold water. The relief to the pain by this process is a great boon to the patient; but, in addition to this, it has a material effect on the whole disease, by reducing the local inflammation, especially if it be true that an excess of fibrine in the blood tends to irritate the heart and lungs; for Andral and Gavarret have shewn that the increase of fibrine in the blood of rheumatic patients is commensurate with the extent and intensity of the local inflammation, and that as the latter is reduced the former returns to its normal standard. Does not this show that excess of fibrine is a result of the disease, then how is it *rational* practice to give alkalies to keep this fibrine in solution?

Vapour baths and heated air are useful in some cases of acute rheumatism, when the skin is dry and hot; but when there are profuse perspirations they are counterindicated, and if persevered with produce weakness, and materially retard the recovery.

In the more chronic forms, in rheumatic gout, and gout, they can be more generally, more frequently, and more successfully used. I have found when the patient cannot leave the bed that the most convenient vapour bath is to place the patient between hot blankets, and introduce between them four to six bottles of hot water, and over each bottle draw a woollen stocking wrung out of hot water. In half an hour the patient is abundantly sweated. Drs. W. and C. report two cases of acute rheumatism which resisted the homœopathic remedies but which yielded to vapour baths: they give, however, no particulars. In the sequelæ of acute rheumatism various hydropathic applications, such as the dripping sheet, wet hand rubbing, gentle douching, and occasional vapour baths, will be found of great advantage; the latter, however, requires to be cautiously used when there is cardiac complication.

The internal use of cod-liver oil, and sometimes friction of the affected parts with the oil are also of service. Friction of the skin and daily exercise are not to be neglected. When the patient's means admit of it, silk under clothing appears to pro-

test more against changes of weather than either flannel or cotton.

Diet.—At first low, but a full diet may be sooner returned to in acute rheumatism than in the generality of acute affections. Free use of cold water during the early period. Attention to diet is of great consequence whenever the acute leaves behind a chronic disease.

ON THE PATHOLOGY OF DIABETES MELLITUS.

OF all the diseases which have hitherto lain beyond the reach of medicinal agencies, probably none presents so much that is calculated to awaken interest and curiosity in regard to its pathology as the saccharine diabetes. The physiology of the generation and consumption of sugar in the bodies of animals is itself remarkable, and the tardy steps by which our knowledge has advanced on these subjects, from one curious, and, to most of us, unexpected fact, to another still more striking and unlooked for, have given opportunity and cause for ingenious speculation, at every stage of the slow progress, regarding the nature of the singular malady which makes man a very fountain of liquid sugar. With the facts that were then ascertained, it was impossible a few years ago to arrive at a correct interpretation of the phenomena of diabetes, and one or two recent discoveries have entirely subverted the theories of even the most scientific writers on the subject who had not the advantage of our present knowledge; and, whether they believe it or not, have withdrawn all appearance of probability from the dogmas of such authors as still cling to conceptions which were formed in the absence of discoveries with which they do not and cannot harmonise. We propose, in the following sketch, to narrate, mostly in the order in which they occurred, the particulars of that gradual progress in experimental investigation which has issued in those remarkable results, physiological and pathological, which enable us now to form a theory of diabetes, in which the more essential parts can be justly said, as derived from the admitted demonstrations of chemical and physiological experiment, to be in the highest degree probable, if not indisputably certain.

Rollo, in 1797, appears to have been the first who clearly taught that the starting point of diabetes mellitus lay in a perverted state of the gastric digestion, "that," to use his own words, "this disease consists in an increased morbid action of the stomach, with too great a secretion, and an alteration in the quality of the gastric fluid, producing saccharine matter by a decomposition of the vegetable substances taken in with the food, which remains unchanged."* The priority in propounding this doctrine of diabetes is by some † erroneously assigned to Dobson, whose views in reality appear to point at an imperfect and retarded assimilation of the chyle, after its admixture with the blood, as the essential peculiarity of the disease; for although he does use the term "digestion" as well as "assimilation" in specifying the faulty conditions of which he conceives diabetes to consist, it is plain from the following passage that he regarded the sanguification of the chyle as the process to which the morbid action specially belonged:—

"It is well known that the chyle, which contains a certain proportion of saccharine matter, is, by a peculiar power in the animal economy, converted into the proper animal or nutritive fluid. As this conversion, however, requires some time, the saccharine matter therefore, must, for some time, retain its nature, though, for the most part, it subsists either in so small a proportion, or is so overpowered by the salts of the serum, as not to be discernible. During this time, a part, and often a very considerable part of the saccharine matter passes off by the *mammæ* of those females who give suck; and where the powers of sanguification are, from any cause, weak, and the conversion of the saccharine matter consequently slow and imperfect, it may pass off by other secretions as well as that of the *mammæ*."‡ He assumes throughout his essay that saccharine matter is a normal element of chyle, and places the essence of diabetes in the too slow assimilation or transformation of the sugar, whereby an opportunity is afforded for its passing off by the kidneys, and the other means of escape from the blood. We have thus, in the antiquated speculations of a Liverpool physician of the last century, and amidst sundry odd old-

* On Diabetes Mellitus.

† Ed. Monthly Journal, Jan. 1853.

‡ Med. Obs. & Enq. t. v, 1776.

fashioned physiological notions, an express anticipation of some of the newest conclusions of the present day regarding the generation of sugar in digestion, and the reason of its presence in the urine in diabetes. We cannot withhold another remark of this shrewd and ingenious gentleman, which expresses, though in a vague way and on the most untenable grounds, and as if to shew us that there is nothing absolutely new under the sun, what the recent researches of Bernard have fully proved, and taught us to trace to its true source, namely, the formation of sugar elsewhere than in the stomach. "The saccharine process," says Dr. Dobson, "therefore, does not appear to be at an end after the formation of the chyle, but it is still further carried on in the course of the circulation." In his own way, he experimented as well as reasoned, and was the first to assert, and that, too, on the evidence of his senses, that the blood of diabetes contained a notable quantity of sugar. Having bled his man to the extent of eight ounces, he certified that "the serum was opaque, and much resembled common cheese whey; it was sweetish, but I thought not so sweet as the urine."

More satisfactory evidence, however, of the existence of sugar in the blood of the diabetic was demanded than the tasting powers of Dr. Dobson, and many chemists engaged in the enquiry (without their labours, for a long time, being crowned with success. Considering the recent history of such chemical undertakings, it appears surprising that such names as those of Wollaston, Nicolas, Marcet, Vauquelin, Segalas, Bostock, Thenard, Prout, Dupuytren, and Kane, should be found in the list of the unsuccessful. At last, Ambrosiani,* of Pavia, detected, by appropriate tests, the long-sought element in the blood of a diabetic patient, and the fact was regarded as a great step in the pathology of the disease. In 1836, Mr. Charles Maitland achieved the same success, and in 1837, Mr. McGregor, then of Glasgow, was equally fortunate. So many have since succeeded in discovering sugar in the blood of the diabetic, and with so much apparent facility, that the wonder is that any chemist should have previously failed. The explanation suggested to account for the want of success which

* Omedei's Journal, 1835. Our own notes contain the name as given above. Dr. Willis makes it *Ambrosioni*, and Bouchardat *Ambrosianini*.

attended the analyses that were made prior to 1885 is, that the blood had not been examined soon enough after a meal, for it is maintained by some, that if a long period elapse after the process of digestion is over, sugar cannot be discovered in the blood, a statement, however, which late experiments render extremely doubtful.

The next movement in advance, as it seemed to be, was made by Mr. McGregor, who, in the very creditable article already referred to, expresses himself thus. "In order to ascertain whether sugar was formed in the stomachs of diabetic patients, I administered an emetic to one of them three hours after a dinner of animo-vegetable diet. From the stomach was ejected a mixture of half-digested solids, with a considerable quantity of liquids. The whole was heated for a short time in an evaporating basin, and filtered; the residue on filter was washed with warm water, and the filtered liquid was evaporated on a steam bath to a sp. gr. of 1.060. To a portion of the concentrated liquor yeast was added at a temperature of 70° F., fermentation soon commenced, and went on briskly for twelve hours. * * * Repeated trials in other cases gave similar results." But as the contents of the stomachs of healthy men, who had dined also upon vegeto-animal diet, when treated in the same way, were also "found to ferment very strongly," nothing was yet discovered, in so far as digestion was concerned, that was peculiar to the diabetic. A healthy man, to whom an emetic and then a purgative were first given, was therefore fed on roast beef and water for three days, at the end of which period, and three hours after his meal, a second emetic was given. The vomited matters were treated as formerly with yeast, &c., but gave no signs of fermentation. Next "a diabetic patient, immediately after admission into the hospital, was vomited with two scruples of sulphate of zinc: the ejected matter was treated as above, and found to ferment. After the emetic, he was liberally fed upon roast beef and water exclusively for three days. At the end of this period, and four hours after his meal, a second emetic was given, which acted freely; the vomited matter was subjected to the same process as above. The fermentation which ensued

was pretty brisk, though much less so than in the former trials." This experiment was repeated on the same person, and gave a similar result; and the same mode of experimenting in a second case of diabetes, confirmed the conclusion that sugar *is contained* in the stomachs of diabetic patients, even when fed for days on animal flesh and water exclusively. We say *is contained*, &c., because we regard these experiments as very far from proving that the sugar found in the contents of the stomach, in the circumstances referred to, was "*formed* in the digestion of the food of the diabetic," as is strangely asserted by a late reviewer* to have been "clearly ascertained" in these experiments by Mr. McGregor. We shall shew, by-and-by, that there is another organ in the body which generates sugar, and imparts it to the blood, even when no amylaceous food has been received, and that when sugar abounds in the blood, other secretions besides the urine may contain it, such as the saliva, and the sweat, and therefore why not the *secretions* of the stomach. The reviewer holds that the doctrine that "diabetes mellitus is a depraved state of the digestive functions," "was settled on a firm foundation by Dr. McGregor, in 1836," by the experiments mentioned above. The reader will perceive that nothing was less settled by these experiments than any such doctrine, for if sugar have accumulated in the blood from any source, it can get into the stomach of a diabetic patient by means of the saliva he swallows, as Mr. McGregor ascertained, and, doubtless, by the gastric juice he secretes. That it exists in the blood, and may get into the secretions independently of the qualities of the food which is consumed, we shall presently show; and we suppose that no one holds now the notion of Dr. Prout, that the diabetic stomach can reduce fibrine and albumen into sugar, and yet this reduction could be the only source of it if it were formed in the stomach, when the diet has been restricted to animal food and water.

The next particular we read of in this saccharine chronology, after the discovery of sugar in the blood of diabetics, its presence in the stomachs both of healthy and diabetic human beings during the digestion of vegeto-animal food, and its

* Edinburgh Monthly Journal of Medical Science, Jan. 1853.

presence in the stomach of the diabetic, even when fed for days on animal food and water merely, is Mr. McGregor's brief announcement in the paper already quoted.—“ I have been able to detect a trace of sugar even in the blood of healthy individuals when fed upon vegetable diet.” It would thus appear that the discovery of Ambrosiani had nothing in it, after all, that was peculiar to diabetes. A “ trace of sugar ” in the blood of health makes the supposed diabetic peculiarity doubtful. Much more than a trace soon came to light in an experiment by Dr. Andrew Buchanan, of Glasgow, and unsettled the conceptions which the hitherto promising results of experiment had fostered regarding the pathology of this perplexing malady. Having feasted a healthy man on a pudding, two-thirds of which consisted of wheaten flour, he bled him twice from three to six hours after the meal, and found that the serum which separated was milk-white. Fixed oil from the suet of the pudding, and a white proteinaceous substance, probably from the gluten of the flour, were detected in the fluid, but the third element of the food, the starch, was sought for in vain by the ordinary tests for that substance. Dr. Buchanan at length suspected that the missing element might have been converted, during digestion, into sugar. “ I accordingly,” says he, “ procured some yeast next day, and treated with it the serum of the blood which had been taken three hours after the meal, proceeding in the same way in which I am in the habit of examining diabetic urine. Fermentation ensued, and continued about forty-eight hours, the heat not having been regularly maintained. The serum from the blood of another individual who had used the same diet, but more sparingly, was treated in the same manner, when the same result ensued, only the gas was somewhat more abundant. But what struck me as more remarkable still, was, that the serum of the blood which had been taken from both these individuals after fasting, likewise fermented, although the quantity of gas obtained was much less than in the former instances.”*

Although not the next in order of time, the next in the order of convenience for the purposes of this sketch, were the

* Trans. of the Glasgow Philos. Soc. March 1844.

very remarkable researches of Dr. Claude Bernard, regarding the generation of sugar by the liver, and the production of an artificial diabetes by puncturing a certain part of the floor of the fourth ventricle of the brain. The details of these discoveries will be found in the *Archives Générales* for 1848, and *Comptes Rendues* for 1850.* We confine ourselves to a mere outline of the results. In dogs fed on animal substances (in one instance for eleven days, and after the animal had been previously starved for eight days) the blood was found to abound in sugar, while the contents of their stomachs and intestines were found acid and destitute of saccharine matter. The formation of the sugar in these circumstances, that is, when no amylaceous food had been taken, and therefore, when the sugar found in the blood could not have been derived from any but azotised or animal substances, was by a number of conclusive experiments traced to the liver, the blood proceeding from which organ always contains sugar in healthy animals, whatever may be the nature of the food. Bernard has found sugar in the livers of fishes and reptiles, as well as of mammiferous animals, and even in the livers of foetuses of the latter, and in those of the embryo of birds where there is no connection with the mother to which it can be traced. In short, he regards it as constantly present in the liver, and that an organ not otherwise recognizable as the liver, is proved to be so by the presence of a notable quantity of sugar in its substance. He further supposed that the secretion, as he terms it, of sugar by the liver, is under the influence of the nervous system; that it may be increased or diminished by acting on the nervous system. Thus, by puncturing with a finely pointed instrument a particular spot on the floor of the fourth ventricle of the brain, between the origin of the eighth pair of nerves, in an hour or so evidences of an excessive accumulation of sugar are witnessed. The blood presents the same condition as when a large quantity of sugar has been injected into the circulation; and all the secretions abound with the saccharine matter. In one instance, a cat with kittens

* We shall quote some additional observations of Bernard's from MS. notes of his lectures, containing facts as yet, we believe, unpublished.

was the subject of experiment, and even the foetuses were found full of sugar. The urine in these singular experiments of course contained its share of the saccharine matter ; and this artificial diabetes was observed to last from two to seven days, ultimately disappearing of itself. Two additional observations are specially worthy of notice—first, that division of the *par vagum* was soon followed by the disappearance of sugar from the liver, and yet, second, that the previous division of these nerves did not prevent the inundation of the blood and secretions with sugar when the floor of the ventricle was punctured. In animals which were not the subjects of the latter operation, Bernard found that cutting the *par vagum* is not the only means of stopping the production of sugar in the liver. Any violent commotion of the nervous system, whether brain, spinal cord, fifth pair, &c., causes a similar effect, and thus he explains the disappearance of the sugar from the urine in cases of diabetes when intercurrent diseases, such as pneumonia, fever, &c., affect the patient.

In 1851, M. Alvaro Reynoso, in a memoir presented to the Parisian Academy of Sciences,* made known the fact that when the function of respiration is materially interfered with, the urine is liable to contain sugar, a result he ascribes to the sugar normally present in the blood not being consumed owing to the deficiency of oxygen. By subjecting animals and men to etherisation, he ascertained that the urine previously free from saccharine matter, became charged with sugar ; and he explains the effects of the operation on the fourth ventricle by ascribing them to a “ paralysation sinon complète, du moins partielle de la respiration,” due to the injury of the eighth pair of nerves at their origin. In another communication to the Academy, he adds that by treating dogs with arsenic, lead, and sulphate of iron, and human invalids with carbonate of iron, sugar may be made to appear in the urine. And in confirmation of his previous opinions regarding the manner in which etherisation acts in causing sugar to present itself in the urine, he says that he has discovered its existence likewise in such diseases of the respiratory organs as render the respiration

* Comptes Rendues, 1851.

imperfect. For example, in consumption, in pleurisy, in chronic bronchitis, and in asthma. He has also, he says, succeeded in detecting sugar in the urine in hysteria and epilepsy, an affirmation which he defends, in 1852 (*Comptes Rendus*), against the denial of M. Michea, that sugar is really present in the urine of those diseases.

Lastly, in reference to the presence of sugar in the urine, M. Dechambre* has discovered that, as a general rule, the urine of aged persons is distinguished by the saccharine impregnation. Other instances, still, might be adduced, but they add nothing of importance to what has already been specified.

From all that has been said, it would appear that sugar is present in the blood and secretions under a variety of circumstances, and it remains for us to endeavour to determine what are the special reasons of its playing so remarkable a part in the disease we distinguish as diabetes, and what the explanations that seem to be warranted of its existence in abnormal quantity, or in unusual situations, in cases which cannot properly be included under that name. In discussing the former of these propositions, we here first take notice of researches which preceded those of Bernard, and the other authorities just adverted to, namely, those of Bouchardat, a summary of whose various essays on diabetes is contained in the *Mémoires de l'Académie National de Médecine* for 1852. His peculiar doctrine regarding the pathology of diabetes is briefly this—that the disease originates in an immoderate use of amylaceous articles of diet,—that owing to this habit, the normal animal secretion of the stomach, the *gasterase*, becomes gradually changed into *diastase*, having all the properties of the substance of that name which occurs in certain vegetable seeds, and that thus the digestion of fecula and its transformation into the glucose, or grape-sugar, to which we have already so often adverted, which normally happens by a slow process in the small intestines, through the instrumentality of the pancreatic juice, is made to take place rapidly in the stomach, whence it is thrown into the blood in larger quantities, and

* *Gaz. Medicale*, 1852.

within a shorter time, than is consistent with its due consumption, or conversion into carbonic acid, &c., so that it is carried off in greater or less quantity unconsumed by the kidneys. He finds a strong confirmation, as he thinks, of these views in the amount of water demanded by the thirst of the patients being very closely such as is needed to convert fecula into glucose in the ordinary processes of the laboratory,—and in the quantity of sugar in the urine corresponding, as he affirms, with the amount of the fecula which is consumed as diet,—and, lastly, in the curative capacity which resides in a regimen from which fecula and saccharine matters are carefully excluded. According to this theory, therefore, diabetes is, as Rollo maintained, a disease of primary digestion,—in short, of the stomach.

It will be perceived, that the reception of this pathology of diabetes must hinge on the proof that diastase, or something that has the same action on starch, is peculiar to the stomach of the diabetic. That Bouchardat has failed in detecting it in the contents of the stomachs of healthy persons does not settle the question, as the following considerations will show. In 1831, Leuchs published an account of experiments in which it was proved that saliva, collected from the mouths of human beings, when put into contact with a solution of starch converted it into glucose. Others having repeated these experiments confirmed the affirmation of Leuchs, and Mialhe averred that he discovered the active principle of the saliva which effected this transformation, to be “analogous to diastase in its chemical and physical properties.”* In 1847, Bernard published a highly interesting paper on the subject,† detailing experiments which amply corroborated the statements of his predecessors in the investigation as to the fact that saliva, as collected from the *mouths* of men and animals, possesses the property of converting starch into sugar, but at the same time proved that the transforming agent is not a constituent of the secretion of the salivary glands, but the product of the mucous surfaces from which the saliva was collected, and from which, therefore, that fluid had derived it. His experiments also proved that a substance possessing similar powers is yielded by

* Comptes Rendues, &c., 1845.

† Archives Générales, 1847.

other mucous surfaces, even that of the nostrils, and is present in the liquid contents of ovarian and other cysts. Lastly, these researches showed that this animal ferment combines with acids, and by that combination loses its property of changing starch into sugar, a result similar to that obtained by Bernard and Barreswil in their experiments on the pancreatic juice, who found that, while it converts starch into sugar, in its ordinary state, it is deprived of that power when acidulated, and acquires a new property—that of digesting or dissolving animal substances. It appears, then, to be a common attribute of animal matter, itself in a state of molecular change, to communicate that motion to starch so as to cause its elements to assume, with certain equivalents of water, the new form of glucose. But it also appears from the foregoing particulars, that during the digestion of food that takes place in the stomach, an obstacle is liable to be presented to this action of the gastric mucus on the fecula of the food by the acid which is a characteristic ingredient of the gastric juice, and without which animal substances cannot be digested in any stomach, whether of the diabetic or the healthy individual. That Bouchardat obtained from the stomachs of diabetic patients a *fluid* containing a substance analogous to diastase, and that transformed starch into sugar need not be questioned; such a fluid must be present in the stomachs of all persons, as it is proved to be a product of all mucous surfaces; and it is quite unaccountable how he should have failed in procuring a similar fluid from the stomachs of healthy persons, seeing that it must exist there were it only from their swallowing saliva, which is known to be constantly impregnated with this, so called, diastase. It is proved, therefore, that there can be no peculiarity of the kind asserted by Bouchardat in the contents of the diabetic stomach.

It has been stated above, that when the animal ferment is acidulated, it ceases to act upon starch, and it may seem inconsistent with this fact, that in the digestion of a mixed diet of animal and farinaceous substances sugar is formed in the stomachs of both healthy and diabetic persons. Both facts appear, however, to be undeniable, and we can explain the

seeming inconsistency only by presuming that the gastric juice, which is never more than feebly acidulated, fails to furnish enough of acid to neutralise all the ferment secreted by the mucous membrane of the stomach, a portion of which, therefore, is left free to act upon the starch, which is thus partially transformed within the stomach, while the greater part of it does not undergo the change into sugar until it has passed into the small intestine, where the alkaline bile and pancreatic juice by combining with the acid of the chyme, leave the mucous secretion at liberty to exert all its energies on the untransmuted fecula. One circumstance characteristic of the diabetic stomach would incline us to expect that a greater quantity of the mucous ferment, and a greater activity of it as a transforming agent, would be observable in the fluids of that viscus, than in those of a healthy one. Owing to the excess of duty which the stomach is called on to execute in diabetes, its mucous membrane becomes eventually diseased in a manner bearing some points of resemblance to chronic inflammation. Now, from a membrane in such a state, an excess of secretion must necessarily occur, and of secretion having increased transforming powers, for Bernard ascertained that mucous membranes in disease furnished a more active, because a more rapidly decomposing, mucus. Experiment, however, does not allow us to believe that, if even such be the case as to the quantity and quality of the gastric mucus in diabetes, any greater effect is produced on starch during digestion in the diabetic than the healthy stomach. McGregor appears not to have noticed any difference in the quantity of sugar furnished by the vomited matters in his experiments already detailed,—and Capezzuoli expressly affirms, that though he found sugar in the contents of a diabetic stomach after the patient had been fed exclusively on starch, yet the quantity was not greater than was yielded by those of healthy stomachs under similar circumstances.* It would, therefore, appear, that if there be a greater quantity of the mucous ferment secreted by the diabetic stomach, there is, when the organ is excited by the contact of food to yield its peculiar digesting juice, a proportionate increase of the latter

* *Matteucci's Lectures*, by Pereira, p. 107.

also, by which an excessive amount of free ferment is prevented from occurring during digestion. Seeing, then, that there are no grounds for Bouchardat's assertion that diastase, formed as a consequence of disease, is peculiar to the stomach of the diabetic, or for his opinion, founded on that alleged fact, that in diabetes the transformation of fecula takes place in the stomach which ought to take place, as he thinks, exclusively in the small intestine, we might here stop our notice of his theory of diabetes. One additional remark, however, is of consequence to what we have to say regarding other and more correct views of the disease. It is this,—that were his doctrine on the subject true, we should, of absolute and unavoidable necessity, have, in a day or two at the utmost, a total disappearance of sugar from the urine when the vegetable elements out of which it is made by the gastro-intestinal mucus have been entirely withdrawn from the dietary of the patient. Bouchardat sometimes almost asserts that such is in reality the case; but saves himself from the unqualified avowal of such a belief by endeavouring to explain why it is that in some patients the urine continues to afford sugar in spite of the restricted diet. The experience of British physicians is utterly at variance with the implied assertion that the use of a diet from which fecula and sugar are excluded, is generally, or even frequently, accompanied by a disappearance of sugar from the urine. Dr. Pereira, in the following passage, expresses what is much nearer the experience of physicians in this country—"I have never seen the secretion entirely lose its saccharine condition by even the most rigorous adoption of animal diet."* That the quantity of sugar in the urine must be always reduced, when there is no sugar derived from the stomach and intestines, is true; and it may be also true that, in mild cases of diabetes, in which the production of sugar in the digestive canal and the liver does not greatly exceed the consumption of it throughout the body, the stoppage of the supply from the stomach and small intestines may occasion the absence of it from the urine; but we have ample evidence in proof of the fact, that in confirmed and serious examples of the disease, the entire suspension of saccharine

* A Treatise on Food and Diet, p. 500.

transformation in these organs of digestion, is not followed by the disappearance of the sugar from the secretion of the kidneys. If a cure of such cases eventually occur, that event does not follow as a consequence of the absence of fecula from the food, but from the cessation of that morbid state, whatever it may be, on which the redundancy of sugar in the blood, derived from quite another source than the stomach and intestines, depends as the essential pathological condition of the malady.

For the reasons adduced above diabetes cannot justly be regarded as a disease of the stomach; and we pass from that hypothesis to two others which have been advanced regarding it. The experiments and observations of Reynoso appear to him to justify the conclusion that diabetes, or the excretion of sugar by the kidneys, is a disease primarily of the respiration. Etherization, by causing the urine to contain sugar, while it interrupts the supply of oxygen, and the various diseases of the lungs which he has found to be attended by the same condition of the urine, and apparently from the same cause, he supposes to be sufficient proofs of the "nature of the malady of the diabetic; for they establish with precision the relation which exists between the respiration, the nervous influence, and the sugar of the urine." Diabetes, according to this view, then, is a disease in which the sugar, howsoever formed, is not consumed in the lungs. By this hypothesis, too, it is that Reynoso explains the effect of the puncture made above the origin of the eighth pair of nerves, which, as we have seen, he ascribes to paralysis of the respiration consequent upon the injury inflicted so near the source of these important conductors of nervous force. A sufficient objection to this last opinion is, that when the eighth pair is divided, the artificial diabetes does not follow; and all that can be fairly concluded from the other proofs he adduces in support of his doctrine is merely that, when the necessary supply of oxygen is cut off, sugar is not consumed as in the normal state, and passes off by the kidneys,—facts which do not *prove* that diabetes consists in such an interruption to the function of respiration. For it may be objected that another cause may be the true reason of a redundancy of sugar in the blood of the diabetic, namely, the excessive pro-

duction of sugar by the liver, and this is the hypothesis of Bernard on the subject. He regards diabetes as an exaggerated functional activity of the liver, which, under the influence of undue stimulation from the nervous system, secretes more sugar than the patient can destroy ; and he conceives the puncture made in the experiments on the fourth ventricle to produce a diabetic condition, not by paralysing the eighth pair, but by increasing the nervous force of the part that is pricked ; while he further maintains that the eighth pair is not even the medium in these experiments by which the nervous stimulus is transmitted to the liver, as these nerves can be divided prior to the operation on the brain, and yet without preventing the excess of sugar from becoming manifested in the blood, or its presence occurring in the urine. He looks upon the disease, therefore, as primarily in the nervous centre, and is inclined to regard the sympathetic system as the conductor of the excess of nervous force to the liver. We confess that we cannot adopt his theory in the present state of the question. There is, we think, a want of congruity among the results of his experiments, which renders his opinions regarding the disease unsatisfactory. If simple division of the eighth pair of nerves will prevent the formation of sugar by the liver by interrupting the necessary co-operation of the nervous system, as he himself avers, the division of the eighth pair of nerves ought equally to prevent the redundancy of sugar in the blood when the fourth ventricle is pricked, unless that redundancy be due to some other cause than an increased action of the liver ; for if there be any special meaning in the division first adverted to, it is surely this, that the eighth pair is the conductor of the nervous force from the brain to the liver. Whereas, since the division of the eighth pair does *not* prevent puncture of the fourth ventricle from producing the artificial diabetes, we are at a loss to perceive how that condition can be traced to an exaggerated action of the liver. If the simple division of the nerves prevents the formation of sugar in the liver for the reason that is given, it is surely a gratuitous hypothesis to maintain, notwithstanding, that it is owing to an over-excitement of functional action in the liver through the medium of the sympathetic that puncture of the brain produces diabetes,

when the eighth pair—the very medium of conduction admitted in the former experiment—has been divided.

If we may venture, without presumption, in the existing state of these interesting investigations to record any views of our own on the whole subject, we would, with all deference, make the following remarks:—In the first place, we esteem it extremely questionable whether the integrity of the eighth pair is at all essential to the formation of sugar by the liver. Bernard himself (MS. Lectures) compares the effect of division of these nerves on the secretion of the liver to what Wilson Philip found to be the effect of a similar operation on the gastric secretion. Our readers, doubtless, know that Philip's assertion was that division of the eighth pair prevented the secretion of the gastric juice. Now, if we must admit that Bernard's and Philip's experiments are parallel instances, which must stand or fall together, we can have no hesitation in affirming that they are both fallacious.

Dr. John Reid* proved that section of the eighth pair does not prevent the secretion of the gastric juice. After the section, when the animals recovered from the shock of the operation, the gastric juice *was* secreted, but as the quantity of it was lessened, and the muscular powers of the œsophagus and stomach deranged by the section, digestion was so interfered with as to be liable to lead an inaccurate observer to conclude that there was no gastric juice and no digestion. Brachet found, too, that deep incisions in remote parts of the body suspended the secretion of the gastric juice, just as the injury inflicted in dividing the nerves did for a time. Is it not, therefore, probable that what Bernard witnessed in the liver after division of the same nerves was the effect of *shock*, rather than the necessary result of an interrupted function of the nerves? He tells us, indeed, that any serious commotion of the nervous system, whether of the brain, spinal cord, or fifth pair, &c., produced the same effect on the secretion of the liver as division of the par vagum itself did. We regard this as strongly corroborative of our opinion that the integrity of the eighth pair is not necessary to the formation of sugar in the liver, any more than of the digesting juice in the stomach.

* See his researches on the par vagum.

Again, is it at all likely, we would ask, that if shock to the system can restrain or suspend the formation of sugar in the liver in the operations referred to, an operation so serious as that which is required to uncover the brain and expose the fourth ventricle, admits of being performed not only without suspending the function of the liver, but as a preliminary to a further injury, even that of the brain itself, the effect of which is conceived to be an increased functional activity of the liver? All this appears so extremely improbable, that any theory which will account, with any degree of apparent justice, for the excess of sugar in the fluids which follows the operation of pricking the floor of the ventricle, ought, we conceive, to be accepted in preference to that of Bernard. The explanation of the effect of Bernard's operation, suggested by Reynoso, is obviously objectionable, for if pricking the floor of the ventricle acted by paralyzing the eighth pair of nerves, section of them ought also to be followed by the artificial diabetes, whereas it is not. If Reynoso, however, instead of limiting his construction of the influence of the operation to the respiratory function as confined within the lungs, had extended it to the largest sense in which the respiration may be regarded; namely, as embracing all the transactions between the oxygen of the inspired air and the blood circulating throughout the body in the generation of compounds destined to be expelled by the lungs, we do not know that any serious objection could be established against him, at least in the present state of our knowledge. His experiments with ether show that the temporary suspension of the agency of oxygen on the blood, depending on its exclusion from the lungs, is speedily followed by the presence of sugar in the urine; and had he affirmed that puncturing the floor of the fourth ventricle prevents the consumption of sugar by the oxygen received into the blood, not in the lungs merely, but throughout the system, he would have suggested a very tenable hypothesis regarding that particular operation, and one which would be capable of an easy application to the theory of diabetes as it occurs in man. We are quite aware that chemists regard the destruction of glucose in the blood as a purely chemical effect of oxygen in the presence of an alkaline solution; but

granting it to be competent for the ordinary forces and affinities of chemistry to destroy sugar after the manner in which it is destroyed in the blood of a living animal, that, we hold, does not exclude all question of the agency of a nervous or vital force as capable of influencing, either mediately or immediately, the rapidity with which the destruction is performed. Heat greatly accelerates certain saccharine transformations, which are yet capable of occurring independently of an elevated temperature; and in like manner it may be that nervous force accelerates, in ordinary circumstances, a chemical change, capable of taking place independently of its influence, if time were allowed for its doing so. On the supposition that the injury done to the brain in the experiment under consideration, suspends for the time the peculiar subsidiary force derived from the nervous system, by means of which the glucose in health is made to be rapidly consumed, we can readily understand that the blood and secretions might come to abound in sugar by what remained in the liver being received into the circulation, and by the supply taken up from the intestinal digestive organs. And if such be a true explanation of the artificial diabetes, the pathology of the disease as known in man must also be sought for in the nervous system, and may be presumed to consist of a suspension or loss of that peculiar force, or employment of force, which ordinarily presides over the transformation of glucose in the blood.

The hypothesis we have just mentioned is not without some very significant facts in its favour. In the first place, it would account for the lowness of temperature which has been so fully ascertained to distinguish the diabetic. This is, indeed, ascribed by Bouchardat to the large quantity of cold water which is received by such persons; but, apart from the considerations which incline us to question the possibility of a lower general temperature occurring from such a cause, it is a sufficient disproof of its being the actual reason of the lower temperature of the diabetic, that in animals which have had the artificial diabetes produced the same loss of two or three degrees of temperature occurs, and without their having drunk any water at all. We would assign the loss of heat to the restricted

consumption of one of the materials especially destined for the support of animal heat—the glucose. And if this conjecture be true, a smaller amount of carbonic acid should be exhaled from the lungs in diabetes. Unfortunately we have very limited data for settling this point; there have been but few attempts to determine the amount of carbon exhaled by the lungs in diabetes; and there is no fixed opinion among physiologists as to the quantity which is exhaled during a day, in health. We may mention, however, that Simon* states that he found in a diabetic patient the daily amount of carbon exhaled to be only five ounces and a half, whereas the quantity given off by the lungs of a healthy man has been variously estimated from seven to more than ten ounces.

The last reason we shall notice for our opinion that the appearance of sugar in the secretions of the diabetic is due to the non-consumption, or the partial consumption, of it in the blood, is derived from a note by Bouchardat to his treatise on diabetes already referred to. He says that when cane sugar has undergone digestion, it is converted by the acid of the gastric juice into a mixed sugar composed of glucose, and sugar of inuline (the starch of *inula helenium* or *elecampane*, also of the roots of the *dahlia*, *leontodon*, and many other plants). This last sugar is much more easily decomposed, or destroyed, than glucose is; it disappears spontaneously from the mixed product of the altered cane sugar after some time, while the glucose remains, and its destruction can be much accelerated by heat. When cane sugar is digested by the diabetic, glucose appears in the urine, but not a trace of the sugar of inuline,—it is destroyed in the circulation. Moreover, when a diabetic patient is fed on inuline and sugar of inuline, no such sugar is found in the urine—this kind of starch and its peculiar sugar undergo in the diabetic the same changes which ordinary starch and its sugar glucose do in healthy persons. In the diabetic, says Bouchardat, the sugar of inuline is consumed, the glucose resists destruction. This last admission is what we chiefly contend for. We believe the reason of the non-consumption of glucose to reside in some modification of the nervous force, operating either directly or

* See his *Chemistry*, vol. ii. Translated for Sydenham Society.

indirectly,—but the fact of an interruption of the power to consume glucose in diabetes, for some reason or other, if proved, would be of itself a great step in the pathology of the disease, whether our view of the reason of it be correct or the reverse ; and we cannot but regard these last observations of Bouchardat as affording an addition to our cumulative argument as to the fact in question. Cane sugar, which differs from glucose but by an equivalent of water, if injected into the circulation resists destruction, and appears in the urine of healthy animals. Glucose, a variety of sugar more easily destroyed than the former by ordinary chemical agents, undergoes on the contrary a ready transformation in the blood of healthy animals, but resists destruction in the blood of the diabetic and appears in the urine. Sugar of inuline, the most destructible of the three, is readily transformed in the blood of persons who are incapable of destroying glucose, just as glucose is readily destroyed in the blood of persons who cannot destroy cane sugar. The chemical reason assigned for cane sugar not being destroyed in the blood is the weakness of the alkaline solution, and Mialhe advances the same explanation of the incapacity of diabetics to destroy grape sugar, the blood in them being according to him either acid or neutral ; and he recommends the employment of alkalies as the proper means of cure. Bouchardat, however, after numerous trials, found the blood of diabetics always alkaline as in healthy persons, and relates several instances in which the alkaline treatment encreased the quantity of glucose in the urine. Our best hopes of discovering a remedy for the disease must rest on the cause of the non-consumption of sugar not being a merely chemical one ; and we are not without some countenance to our suspicion that the cause may actually be some alteration in the force or forces which regulate the transformations which go on in the blood. The fact that a disease exists in which an excess of urea distinguishes the urine, and another in which the opposite occurs, apart from all peculiarity of diet, or chemical changes or disproportions, a remark which applies equally to uric acid and other compounds, proves that such processes are liable to disturbance from causes that are proper to the living solids, the actions of which it is, as Bernard remarks, that are

subject to be influenced by the remedial powers of medicines. The now ascertained fact that certain medicines cause the presence of sugar in the urine, affords the surest prospect yet furnished to the profession that diabetes will become a curable disease, although it may require much experimental research to determine which of them causes that presence of sugar in the urine in a way similar to that in which the morbid state of the body in diabetes does, and which, therefore, will prove the true remedy for the disease in accordance with the great law of cure.

W. H.

ON THE PATHOGENETIC AND THERAPEUTIC
ACTION OF GLONOINE,

BY R. E. DUDGEON, M. D.

(*Read before the Hahnemann Medical Society, March 1st, 1853.*)

THE powerful and peculiar substance to which the somewhat fanciful name of Glonoine has been given by Dr. Hering of Philadelphia was first brought under the notice of the profession by our learned and assiduous colleague in the 7th vol. of the *Brit. Journ. of Hom.* Since that period Dr. Hering has made numerous additional experiments with it, the results of which are recorded in the 1st and 2nd Nos. of his new publication entitled *Amerikanische Arzneiprüfungen, or American Provings of Medicines*. In this work Dr. Hering gives a much more complete and detailed account, not only of the effects of the substance in question, but also of the circumstances that led him to make trials with it, than is to be found in the English journal. To this work I shall therefore have frequently to refer in the subsequent observations; and at the same time I shall lay before you the results of some experiments I have lately instituted, which fully corroborate the observations of Dr. Hering respecting the wonderful effects of this novel chemical compound.

The mode of preparation of Glonoine has already been described in our journal. It is the discovery of the eminent chemist Sobrero, and is prepared by treating glycerine, or

Scheele's sweet principle of olive-oil, with a mixture of sulphuric and nitric acids, in the same manner as cotton is treated in order to obtain what is termed gun-cotton, care being taken to add the glycerine cautiously to the acids, which are to be kept cool by means of a freezing mixture, otherwise the product would be something very different. This substance, whose chemical name is properly nitrate of the oxyde of glycyl, Hering has christened Glonoine, a word compounded of the cyphers representing the chemical composition of the body; not it seems to me a very happy terminology, for, as many substances have the same elementary constituents, it could not be carried out without inextricable confusion. What induced Hering to investigate the physiological properties of this substance was a remark of Sobrero's, to the effect that a very minute quantity put on the tongue causes violent headache that lasts several hours.

"I must get some of this stuff," thought Hering, "for if it so certainly produces headache, and that even in chemists constantly exposed and almost rendered callous to all sorts of strong chemical agents, what a powerful effect must it not have on the human frame." Accordingly he got a chemical friend to manufacture some of it, and immediately tested it extensively on himself and others. I shall not trouble you by reciting the long list of symptoms observed from the use of Glonoine on various individuals in quantities varying from $\frac{1}{10}$ th to $\frac{1}{1000}$ th of a drop, but I shall content myself with reading the summary given by Dr. Hering of the most important symptoms observed from its use.

"Well known streets appeared strange, the way home unusually long, his chin too long, his throat swollen.

"Unsteady when walking, vertigo on moving the head.

"Weight in the head, especially in the forehead, above the eyes to the ears. Dull headache with warm sweat on the forehead.

"Headaches: pressing from below upwards, especially in the vertex; from within outwards, especially in the temples; as if the brain were expanding, were too large, or moved in an undulatory manner. Fulness in the head, especially in the top, with

throbbing or heat. Rush of blood to the head and heat. Throbbing in the forehead, in the temples, in the vertex, extending even to the nape of the neck, at every step, every movement of the head.

“ Shoots at the right side of forehead or in the temples.

“ Bruised and sore pain in the brain, aggravated by shaking the head.

“ The pain, heat, fulness, and other feelings, rise from below upwards, commencing in the chest, or in the nape, or the occiput.

“ Shaking increases the pain in the head, also stooping and movements of the body, especially going up stairs. The pain requires pressure from without. Amelioration after walking in the open air.

“ During the headache, the pulse quickened, the face red, the forehead perspiring.

“ Eyes strange looking, lifeless, fixed, uncertain movements, sunk in.

“ Redness of the white of the eye, the eyes prominent, wild. Pain as if they were driven out. Heat in eyeballs and lids, around the eyes. Shoots, jerks, soreness, pressure in the eyeballs.

“ Sparks, lightnings, small appearance of the letters, blindness, black spots, dimness, loss of sight, with fainting.

“ Fulness about the ears, in the ears, shoots in them.

“ Humming, noise, singing, crepitation. Stopped feeling.

“ Pain in the root of the nose, glabella. The headache extends to the nose.

“ *Countenance* : Paleness even with heat, with rush of blood to head or chest.

“ ——— : Heat with throbbing in the head, and palpitation of heart.

“ ——— : Redness, especially of the upper part, with headache.

“ ——— : Itching, especially in the middle.

“ Pains and stiffness in the lower jaw.

“ Pulsating toothache with the headache.

“ Feeling as if the lower lip were swollen.

“ Tongue swollen, smarting, shoots in it.

“ The hard palate painful as if swollen, with throbbing.

“ The soft palate contracted, dry.

“ In the throat tickling, soreness, heat.

“ Nausea till perspiration breaks out. Nausea from and during the headache, with pains in the stomach, with rush of blood to the head, to the chest, with pale face.

“ Gnawing in the scrobiculus cordis, empty feeling in the stomach ; scrobiculus sensitive, especially when stooping.

“ Bellyache, cutting under the navel, waking him up early, lasting all day, before and after loose stools.

“ Rumbling low down in the abdomen, worst when lying on the left side.

“ Thin stools with rumbling and expulsion of flatus, commence in the morning and last all day.

“ Increased clear urine.

“ Before, during, or instead of the menses, rush of blood to the head and chest, pains in the head, faintings. The same during pregnancy.

“ Necessity to draw a deep breath. Sighing. Oppression of the chest, alternating with headache.

“ Chest as if constricted. Uneasiness, anxiety in it.

“ Shoots under the sternum, also to the nipple, from the shoulder to the stomach.

“ Violent pains from the cardiac region towards the back. Fulness, weight, pressure, heat in the heart, with laboured heart's action.

“ Palpitation of the heart with heat of face, quickened pulse Throbbing of the carotids.

“ Pulse accelerated, occasionally diminished, in velocity. Pulse irregular, intermitting. Full pulse ; very hard ; very soft ; quick and small, wiry.

“ The nape wearied, can scarcely hold the head up.

“ Stiffness of neck, the clothes seem to be too tight.

“ Nape as if swollen, cramp pain, pulsation, fulness.

“ Down the whole back, pain, heat, rigor. Betwixt the shoulders, burning heat.

“ Uneasiness in both arms, weight, stoppage of circulation, weakness ; in the left numbness and weariness. Ulnar nerve

painful at the elbow. Feels the pulse in all the finger points, trembling in consequence.

“Weakness and numbness in the left thigh. The legs and knees give way.

“Weariness in the limbs makes him rise up.

“Weariness, as if he had had no sleep.

“Syncope, with consciousness: unconscious fainting.

“Throbbing, formication, thrilling, curious feeling of warmth through the whole body from above downwards.

“Convulsions, especially in the left side, with outspread fingers.

“Yawning, with congestion of blood to the head, inclination to breathe deeply, gnawing in the scrobiculus.

“Early sleepy in the evening. Difficulty of waking.

“Feeling of warmth, heat especially in the face, undulating, and rising from the precordium to the head.

“Sweat, especially in the face, after sleeping even in a cool place. During the sweat the nausea passes off.”

Having made you acquainted with the general results of Dr. Hering's experiments with glonoine by means of this summary of the symptoms he observed from its administration, I shall now proceed to give in detail the results of the several experiments I have lately instituted with a view of further testing its physiological action.

On receiving the first symptoms of glonoine from Dr. Hering in 1849, I immediately communicated to Mr. Headland the formula for its preparation, and the specimen I then obtained from him is, that with which all the experiments were made. The energetic action this specimen has displayed, is a proof that the medicine may be kept for a considerable length of time in Alcohol. The preparation I got from Mr. Headland was nominally the first decimal dilution, but the existence of a considerable quantity of undissolved glonoine which lay at the bottom in the form of an oily-looking pale yellow fluid, proved that the substance is not soluble in Alcohol in the proportion of 1 to 10. The whole of this separate and undissolved Glonoine disappeared on adding to the fluid about half as much Alcohol as the bottle already contained, hence I would say that the proportion in which it is soluble in Alcohol is about 1 to

15, or perhaps 20. According to Zumbrock, cited by Hering, it is soluble in alcohol in the proportion of 1 to 6·212 ; but this does not agree with the observation I have made upon the specimen in my possession. With respect to its other physical properties, I may state that Glonoine, or Nitroglycerine, is a transparent, colourless, or light yellow, oily fluid, of a specific gravity of 1·55778, that it assumes a darker or even brownish hue on exposure to the air, in which it evaporates completely. It is highly explosive, requiring but a moderate temperature for its ignition. The flame it gives forth is of a bluish colour, and it leaves behind it red fumes. Its alcoholic solution burns with great intensity, giving forth a deeper blue flame, apparently possessing much more heat than that of alcohol. It is insoluble, or very sparingly soluble, in water. A drop of the solution falling into water forms an opaque film upon the top of the water, though in its concentrated state it is said to sink to the bottom. In a few minutes it disappears—probably it is gradually dissolved. It is soluble in all proportions in ether. Its taste is sharp and aromatic, something like the essential oil of cinnamon. Globules saturated with its dilutions, rapidly lose all power when exposed to the air. This Dr. Hering observed, and I shall by-and-bye give you some corroborative testimony to this fact from my own experiments. Dr. Hering states that alcoholic liquors increase and prolong the action of Glonoine whether they be taken before or after its ingestion ; whereas most of the symptoms are relieved or removed by drinking coffee, or chewing coffee-beans.

OBSERVATION I.

Expt. 1.—I (R. E. D.) being in perfect health on the 13th January, 1853, at a quarter-past 1, P. M., applied the moistened cork of the bottle in which the saturated alcoholic solution of Glonoine was contained, to my tongue. The taste was sweetish, aromatic, and burnt the tongue a little. The pulse before commencing the experiment was 68. In less than five minutes it rose to 100. The head felt throbbing and bursting, especially above the ears and at the temples, and I experienced a choking

sensation as if a ligature were tied round my neck, which kept the blood from returning from the head.

The headache is much aggravated by shaking the head. After about fifteen minutes, it was felt more behind the ears except when the head is shaken, and then it is felt disagreeably in the temples.

The face felt congested, though it was not altered in colour.

After an hour, the head still feels full and congested.

After two hours, I felt, while standing, an extremely violent shooting pain under the ribs in the right side (region of gall bladder), that caused me to bend forward while it lasted, which was about half a minute.

Expt. 2.—On the 27th January, whilst engaged in administering Glonoine to several persons who wished to prove it, I got some of the medicine upon my finger, which I afterwards sucked off. That night, although I slept uneasily, I felt a dull, hard pressive headache, in the occiput chiefly. This headache went off before I got up. After luncheon (potato-soup) at 2 P. M., my bowels began to feel uneasy, and I soon had a copious loose motion. Whilst driving about in the afternoon paying my professional visits, I suffered severely from pain (gripping) in the lower part of the bowels, apparently in the rectum, and great inclination to go to stool. I succeeded in restraining this until 6 o'clock, when I was forced to return home, and my bowels were moved. The evacuation was loose, but not copious. It seemed as if much more were to come, but that there was an obstruction high up in the rectum. Before the evacuation I felt sickish and faint. The diarrhoea feeling was less felt whilst driving in the open air than when in the warm room with my patients. After dinner, I had another loose, scanty evacuation, after which all the symptoms went off.

Expt. 3.—On the 11th February I took three drops of the first centesimal dilution of Glonoine. In one minute I began to perceive the throbbing in the temporal arteries, and the sense of constriction about the neck. The taste of the medicine was still distinctly like cinnamon, leaving the same peculiar aromatic pungent sensation on the tongue. The face and

anterior part of the head felt congested. The congested state of the head and neck went off in less than half an hour, but there remained occasional pain in the temples and a feeling of lassitude for a considerable time.

Expt. 4.—On the 18th February, in the evening, I took one pilule imbibed with the saturated solution, and almost immediately experienced the throbbing in temporal arteries and tight feeling about throat. These soon subsided, but later in the evening, I perceived that when I moved about, I felt painless pulsation all over the body, and the circulation was very easily quickened. That night I could scarcely sleep for excessive dryness and parched feeling in the mouth, with great thirst, which, there not being any water in the bed-room, I was unable to quench. This symptom was still present when I rose in the morning.

OBSERVATION II.

Mr. Brangwin.—Jan. 27th, 1853. 9 o'clock, P.M.—In good health; pulse 60. At the above hour, took one drop of Glonoine, $\frac{1}{10}$, on a piece of sugar. In about half a minute, perceived a throbbing of the temporal arteries, soon accompanied by a rather severe throbbing pain in both temples. In a few seconds more, the pulse was found increased from 60 to 100, and the heart throbbed most violently and rapidly. In a minute or two, a faint, warm, sickening sensation was perceived in the chest and stomach resembling the threatenings of seasickness; also slight giddiness, especially on moving about. The throbbing pain in the temples continued to increase for about ten or fifteen minutes, then gradually diminished, and in about half an hour became considerably easier; the feelings of nausea and giddiness also were lessened;* but on returning upstairs very fast, about three quarters of an hour after taking the medicine, all the symptoms recurred with double force. The temples ached and throbbed excessively, and there was great

* Felt a sensation of warmth and fulness down the arms, as if in the course of the cutaneous nerves; also a similar sensation in the sciatic nerve, and some warm, dull aching in the loins; but these symptoms lasted but a very short time.

nausea and giddiness. However, in a few minutes, there was an abatement of these sensations, but leaving slight nausea and throbbing pain in the temples.

A supper of oysters and stout at half past ten, removed the nausea; but the pain in the temples continued, and was very readily aggravated by any exertion of walking, talking, or reading. Went to bed at 12, had less pain in the recumbent posture, especially when lying on either side; slept well all night. On waking in the morning, felt slight pain, or rather uneasiness in the temples, with tendency to nausea and giddiness, which have continued all day. Feel fulness of the temples, and very slight nausea whilst now writing at 8 P. M.

OBSERVATION III.

Dr. Süß Hahnemann.—Jan. 27th, 1853.—State healthy; pulse 64. One small drop of Glonoine produced, a minute after it was taken, pulse 100, and two minutes afterwards, 112. Great variableness of pulse, quick and then slow. At the same time, slight shooting pain was perceived, at first in the right temple, and then also in the left one; the pain increasing to such intensity, that a kind of giddiness appeared, accompanied with a sick feeling; pressure on both the temporal arteries lessened the violent throbbing pain; the skull seemed to be too small, and it was as if the brain was attempting to burst the skull: violent action of the heart, and a distinct pulsation was felt all over the body; sickness increased, but no vomiting; on right wrist was a feeling as if it was tied up, which produced a kind of lamed feeling all along the right arm. On going quick up stairs, the headache became insupportable.

Three quarters of an hour afterwards.—Oysters and stout in moderate quantity took off the sick feeling, and as long as I remained quietly sitting, headache was very mild. But as soon as I attempted to walk, I felt, with each step, an intense throbbing headache in both the temples, which obliged me to press as much as possible on the temporal arteries. Slept very well; but the next morning on awaking, felt the same headache, which continued all the day; occasionally sharp catching pain

under the left ribs. No motion in the bowels two days afterwards.

OBSERVATION IV.

Mr. W. O. Gellar.—Jan. 27th, 1853. Pulse 68. Took gutt. ij of Glonoine, $\frac{1}{10}$, on loaf sugar. I immediately felt a glow of heat, which determined itself to the head, and which also rapidly increased in intensity, particularly in the anterior region, the temporal arteries became very full, and in about five minutes after taking the dose of Glonoine, the pulse had increased to 100; evident congestio cerebri was now experienced, with irregular contractions of the heart, symptoms of syncope obliging me to sit down; partial obscuration of the sight, with a degree of deafness and partial suspension of the action of the heart ensued. In the act of swooning, I was quite conscious, water being dashed over the brow by Dr. Dudgeon, which partially restored me. I was very pale, and the Doctor advised me to chew a coffee berry, which so irritated the stomach as to produce vomiting to the amount of a dessert spoonful of frothy saliva, and masticated grains of coffee. The effects being still great, a little sugar of milk saturated with Tinct. Coffeæ, was given to me. Chilliness and prostration of energy continued, with marked fulness of the temporal arteries, and pressure of the brain. Walked home near two miles; took nothing more medicinal for supper than milk diluted with water, and a crust of bread. Great rigidity of the occipito-frontalis. During the early part of the night my sleep was disturbed with visions of innumerable multitudes of *heads*, with comical expression of the features. Awoke about 8 A. M., without being much refreshed; in about two hours, I slept again till morning.

28th.—During the day, the prominent symptoms were a cataleptic state of the occipito-frontalis muscle, and a degree of obtuseness of the brain. About twenty-four hours after taking the Glonoine, I took a cup of coffee, which effected a cessation of the previous symptoms.

OBSERVATION V.

Mr. Thomas Engall.—Jan. 27th, 1853. Took at 9 P. M., one drop of Glonoine, $\frac{1}{10}$, which produced headache of the

usual throbbing full character in the temples, and increased rapidity of the circulation. When these symptoms had subsided, he took a second dose, after a light supper of cold sole and bread. On attempting to read, there recurred fulness of the head from the right parietal protuberance forwards, including the whole of the parts anterior. This increased to actual pain, beating in temporal arteries; a great quantity of flatus from the rectum. Feeling of sickness. Felt more than usually tired. Pinching around umbilicus; pain at a small spot in left hypocondrium. Great pain on intellectual application. Feeling of sickness; frequent yawning; feeling of fulness in throat; flatus from stomach; pulse jerking, full; sharp pricking pains in the arms and legs; cramp in the right leg.

OBSERVATION VI.

Jan. 28th.—Dr. G. Wyld took one drop on sugar, and shortly afterwards had great acceleration of the pulse from 70 to 120 in two minutes, and throbbing in the head. He described his headache as if the brain was pressed in towards the centre, from three different points, viz. both temples and the occiput. These symptoms lasted from morning till night. The following day he had diarrhoea, copious, loose, blackish, lumpy.

OBSERVATION VII.

27th Jan.—Mr. T. Leadam took one drop of the saturated solution. Almost immediately his pulse rose, and he experienced throbbing in the temples, and oppression of the chest. Passed an uneasy night, and was not thoroughly free from headache all next day.

OBSERVATIONS VIII. AND IX.

Mr. S. and Mr. F. experienced almost exactly the same symptoms as the above after a similar dose.

OBSERVATION X.

Mr. J. J. D., aged 26, subject to irritable heart, with attacks of spasm in it, took on the 13th February, 3 pilules of Glonoine, $\frac{1}{10}$. The pulse rose immediately, and he complained of

intense throbbing headache in the temples, which lasted for some minutes, was very much aggravated by moving the head, and was removed by the application of snow to the temples.

OBSERVATION XI.

Dr. Junod, æt. circa 45, strongly built, short-necked, florid complexion, subject to headache in a small spot of the right side of the head posteriorly, took on the 19th February, 6 pilules of Glonoine, $\frac{1}{10}$. In 3 minutes, the pulse rose from 72 to 80, and he experienced a tensive sensation in the head, just over the frontal sinus, and across the nose, also a feeling of fulness above and in front of the ears. On shaking the head he felt great pain in the spot where he habitually suffered from headache. He described the sensation in his head as if he were hanging with the head downwards, and as if there was a great rush of blood into the head in consequence. These symptoms went off in a very few minutes.

OBSERVATION XII.

A married lady, aged 28, stout and robust, in whom the catamenia were present, took, on the 18th February, at 4 P.M., 4 pilules of Glonoine, $\frac{1}{10}$. In a few minutes the pulse became very much accelerated, and she complained of throbbing and heaviness of the head, increased to severe pain on shaking the head. There was also felt a tight contractive sensation down the jaws on either side in the masseter muscles, as if lock-jaw were coming on. The catamenia ceased immediately, and the headache increased in violence towards evening, when severe diarrhoea came on. The catamenia did not resume their flow until the following morning on walking briskly.

OBSERVATION XIII.

A lady, aged 30, thin and delicate, but not subject to menstrual derangement, in whom the menses had ceased for six days only, complained of a slight muscular pain in the left side of the chest, which I deemed of no importance, but on her soliciting some medicine for it, I gave her a pilule of Glonoine, 1st centesimal dilution. No particular phenomena were ob-

served at the time, but the next day the catamenia returned profusely, and lasted for the usual time. She had never experienced the same accident before; but I am by no means certain that it is attributable to the Glonoine, for three days previously she had taken a hot bath at a much too elevated temperature, which had caused her to feel faint and weak; and this might have been the real cause of the unusual phenomenon, though she had never before been injuriously affected by warm baths at a high temperature.

OBSERVATION XIV.

The same lady, being in good health, took, on another occasion, in the evening of the 19th February, one pilule of Glonoine, $\frac{1}{10}$. In less than two minutes, the pulse rose, and she complained of severe throbbing and weight in the temples and forehead, aggravated by moving the head; which caused a sensation as if something was loose in the front of the head. At the same time she felt deadly sick, like sea-sickness, and a rumbling in the bowels as of flatulence, with feeling as if diarrhoea were coming on; also prickings in the pudenda, and a feeling of dryness and parchedness in the mouth. All these symptoms disappeared in about a quarter of an hour, but during the night she suffered much from dryness of mouth, throat, headache, feeling of choking at throat, and frequent inclination to swallow. The following morning, headache, and much general heat, and expulsion of fetid flatus (a most unusual symptom).

The two following observations seem to corroborate Dr. Hering's assertion that the globules rapidly lose their power if exposed to the air.

OBSERVATION XV.

An unmarried lady, aged 33, affected with a complication of maladies, for which she had been many months under my treatment with benefit, but one of whose most remarkable characteristics was a remarkable sensitiveness to the action of all homœopathic medicines, so much so that I could hardly give her any medicine in any dilution without her experiencing and de-

scribing to me some of its physiological effects. In fact, so great was this sensitiveness that almost any medicine she had previously taken she could detect and name when it was again administered to her. I found her on the 9th February, suffering from great weight in the head, and frontal headache. I gave her, from my bottle, a pilule of Glonoine, 1, and left some more pilules in a paper, to be taken every six hours. After the first dose, she suffered all the afternoon and evening, from violent throbbing frontal and temporal headache. Next morning the head was better, and the remainder of the globules seemed to produce no effect whatever; so much so, that at my next visit, she told me she believed the globules I had left were unmedicated.

OBSERVATION XVI.

A lady, of about 36 years of age, subject to irritability of heart and congestive headache, with cold extremities and extreme nervousness, got, like the last case, one pilule of Glonoine, 1, and a few more in paper, to be taken at regular intervals. The first dose produced a decidedly favourable effect on both head and heart, but she could perceive no effect whatever from the subsequent doses. At my next visit I left some globules of the same preparation in a bottle, and she took them at regular intervals with good effect, on each occasion, on the spasms of the heart and headache, but she had to leave them off, because she felt that they acted on the uterus and produced a feeling as if the catamenia were coming on, a circumstance she dreaded much, as she was subject to too frequent recurrence of the catamenia, and too profuse flow. On leaving off the Glonoine, these uterine symptoms disappeared.

OBSERVATION XVII.

Dr. Roth took, on the 27th January, at 9 P. M., one drop of Glonoine, $\frac{1}{10}$. Immediately the pulse rose from 75 to 108, and he got dreadful pressing headache on both temples, relieved by the open air, but felt again during the night in bed.

After 2 globules of the 1st dec. on the 1st March, he immediately felt heavy pain in the vertex.

OBSERVATION XVIII.

Mr. Robertson took on the 1st March, at 9 P. M., one gl. of the 1st dec. He soon felt pain on both sides of the sinciput, and the pulse rose from 70 to 80.

OBSERVATION XIX.

Mr. G. Epps took, on the 1st March, at 9 P. M., 2 gls. of the 1st dec., and in a few minutes the pulse became bounding, and he experienced some headache in the temples.

OBSERVATION XX.

E—S—, a nurse in the Hahnemann Hospital, took, January 27th, one drop of Glonoine, $\frac{1}{10}$. She writes:—About a quarter of an hour after taking the medicine, I felt severe shooting pain through the temples, from right to left, attended with sensation of great weakness, and inability to walk or stand without giddiness. Afterwards, felt sharp cutting pains in the chest and stomach, with sickness, griping pains in the bowels, and an inclination for an action of the bowels, which lasted till the next morning, when the bowels were relieved. During the night felt very restless and unable to sleep, thirsty, and hot, and inclined to vomit. Greater part of the next day felt weak, and a great weight and pressure on the front part of the head, with loss of appetite, and aching pains in the limbs, as if tired with walking, or other exercise, which, however, abated a little towards night, and I slept much better. The next day, I had nearly lost all the symptoms except headache and sickness; but they continued for two days after, although not so violent as at first.

Dr. Fischer has furnished me with the following additional observations.

OBSERVATION XXI.

Dr. C. Fischer, age 29, nervous sanguine, took one drop, $\frac{1}{10}$, on Jan. 27th, 9 P.M., at the Hahnemann hospital. Heat rising towards the head almost immediately; pain over the frontal bone, pressure with heat; throbbing in the temples, much aggravated by standing or walking in the open air; eyes hot; and

lachrymation. Smoking seemed to alleviate the pain. Night restless on account of the pains, but very heavy morning sleep, although habitual, but more than usual. Next day pains in the occiput, and slight pain when moving the head in the forehead.

10th Feb. 11 o'clock A.M., one drop, $\frac{1}{10}$, pulse 68. After two minutes pulse 90, and increasing for three or four minutes fuller, with glow of heat in the hands, then abating to 80; pains in the forehead and top of the head which might be covered by the hand, the pain is compressing, burning; heat, shooting and throbbing in the temples; burning in the malar bone and eyes; soreness and tenderness in the head lasting all day, with a constant gnawing in the occiput; confusion and unable to think or study all the day.

OBSERVATION XXII.

William Cutmore, coachman, age 21, healthy, light hair, nervous sanguine. Feb. 10th took one drop, $\frac{1}{10}$. Pulse 70, after five minutes 90; extreme giddiness and faintness; throbbing in the throat and temples; black spots floating before his eyes, and so giddy that he was unable to stand; felt much worse on attempting to stoop; unable to continue his work. After two hours, better by driving; he complained that his pain was worse, and more of a soreness when moving the head.

Since he took the medicine he has looked remarkably pale, and although not complaining of anything had a fainting fit March 5th in the evening (after returning from his drive), which threw him down senseless. I do not know if this is to be attributed to the medicine.

OBSERVATION XXIII.

10th Feb.—Emma Rowsell, age 16, bilious, dark complexion, took one drop, $\frac{1}{10}$. Pains in the forehead and throbbing in the temples, giddy as if falling, and nausea.

8th March.—Since taking the medicine has a rash in her face after washing; this symptom she never had before.

OBSERVATION XXIV.

Feb. 11.—Miss C., age 28, light complexion, nervous disposition, took 3 glob. every day for three days. Five days afterwards I saw her looking remarkably pale in the face (unusual for her), complaining of extreme languor and heaviness in the limbs, great heat, headache, fulness as if swelling in her throat. This young lady, although of cheerful disposition, was so depressed, that her ideas were impressed with her approaching death.

OBSERVATION XXV.

Mr. M., age 53, nervous disposition, took two glob., $\frac{1}{10}$. Immediately after taking the medicine, fainting sensation, obliged to lie down on the sofa; great heat in the head, with severe pains in the forehead, throbbing in the temples, increased by walking. The pains soon passed away without further inconvenience.

OBSERVATION XXVI.

8rd March.—Mr. B., pulse 70; two minutes after taking the medicine pulse 150, continuing so for three minutes, pulse very full, and general glow of heat through the system, very unpleasant for the time; slight headache, not enough for him to attribute it to the medicine.

Mr. B. one evening after smelling the tincture felt heat all over the frame and perspiration in the hands, to which he never was subject, believes it was the medicine.

Besides the above, I have administered the Glonoine to many other individuals of both sexes, but though the medicine had a decided action in every case, I have not been furnished with a detailed account of the symptoms produced. One gentleman (A. D.), very tall and robust, who got 6 globules of Glonoine, $\frac{1}{10}$, experienced no headache; his pulse, however, rose some 15 or 20 beats in the minute. On another occasion, 27th February, this same gentleman got 12 gls. of Glonoine, and though the pulse rose from 80 to 140 in a couple of minutes, he did not feel anything particular in his head. His wife was painfully affected in the head by one globule. She said she felt as if

the forehead were stuffed full of something with throbbing. Another gentleman, after one drop, was affected with great increase of the rapidity of the heart's action, violent throbbing in the head, followed by faintness and sickness, terminating in retching, but not coming to actual emesis.

These symptoms developed in my experiments, entirely corroborate those obtained by Dr. Hering, and the Obs. XII., moreover, bears out a clinical observation of Dr. Hering's to the effect that Glonoine removes congestions to the head, occurring in place of the catamenia, for it will be observed that in my case the Glonoine caused a cessation of the menses, and brought a violent congestive headache in their stead.

"Glonoine is," says Dr. Hering, "indicated under the following circumstances, provided always the symptoms be in harmony.

"The effects of mental shocks, fright, fear, insult, and of mechanical shocks, with ill consequences of any duration in the affected parts ;

"The effects of rapid alternations of different mental exertions ;

"The effects of unusual movements ; of sea-sickness, perhaps, also, of much driving or riding ;

"The effects of cutting the hair ;

"The effects of violent action of the sun's beams ;

"The effects of a sudden chill after being heated by muscular exertion ;

"The effects of the action of severe cold, the application of ice, &c. ;

"The effects of poisoning by lead, foxglove, &c. ;

"It is more suitable for apparent than actual plethora ; most suitable for such as have a tendency to too rapid variations in the distribution of the blood. It is useful for congestion of blood to the head and heart, or to the spinal chord, especially in connection with the catamenia, before it comes on first of all, at its commencement when it is too scanty ; during pregnancy ; during or after delivery ; at the critical age. Also for all other suppressed fluxes of blood, and perhaps, also, for hæmorrhage.

"From this it follows, that although it is indispensable in

many important cases, it is still not a polychrest like aconite, but that it may become so in certain times and places, and obviate the injurious misuse of strong doses of Aconite. It can only obviate the employment of venesection in cases where its use would have been irrational."

The following is the list of diseases in which, according to Dr. Hering, it might prove useful :

Mental diseases, Puerperal mania, Congestions to the head, Apoplexies, Headaches, Sunstrokes, Encephalitis, Hydrocephalus, Epilepsy, Convulsions, Eclampsia, Ophthalmia, Otitis, Sea-sickness, Vermicular diseases, Thoracic congestions, Carditis, Pericarditis, Effusion into the pericardium, Congestions and inflammation of the spinal chord, Cholera typhus, Cerebral typhus, Intermittens cerebri, the Congestive fever of Western America, &c., &c.

Dr. Hering gives a very amusing satirical summary of the action of Glonoine, by way of burlesque, I presume, of certain criticisms by Dr. Trink upon some of his provings of former days. The joke would not be appreciated by those who are not aware of the scientific sparring that has always been carried on between Hering and his Dresden antagonist, so that I shall not occupy your time with it. I shall only give you one sentence of this humorous reprisal, from which you may judge of its good-tempered satire :

"In those affections of the mind and disposition, corresponding to the epidemic genius of the time, which are characterized by a disposition to say no or to shake the head doubtingly, this remedy may be used antipathically in strong doses with great effect, seeing that it cuts short and renders impossible the development as well as the continuance of this morbid tendency,"—in allusion to the excessive aggravation of the headache produced by this remedy when the head is shaken in the very least.

In the No. of the British Journal of Homœopathy formerly alluded to, two cases illustrative of the therapeutic effects of Glonoine were given ; I shall now proceed to lay before you a few more cases from Dr. Hering's more recent account.

Dr. Okie says : "I very rapidly removed by means of Glo-

noine the flushes of heat and rush of blood to the head in a woman who had a tendency to apoplexy."

Dr. Carroll Dunham says: "In two cases of violent palpitation of the heart, with throbbing of the carotids and pulsating headache in the forehead and betwixt the temples, I saw immediate relief from olfaction of Glonoine, 2nd dilution."

Dr. Campos writes: "A young man unaccustomed to work in the sun, dug in his garden, and was thereby exposed to the sun's rays. He became sick; headache came on which grew always more severe, the pain was throbbing; fever set in; the face was yellowish red; the eyes staring, dull, glassy, the pupils contracted; the pulse small and quick; he would not speak, would scarcely give a reply, and had frequent retching. Such cases do not go off rapidly in our southern climate. As Belladonna did not appear to be suitable in this case, I gave him immediately a few globules moistened with Glonoine. In the evening he was well. Since then I have given it with success in several similar cases."

Dr. Hering relates the following case, the symptoms of which he attributes to the action of the Kali bichromicum taken: "A delicate weakly lady, rendered still more sensitive by many illnesses, was after violent mental emotions attacked by a pain in the chest, that commenced superiorly about the third rib on the right side, and extended thence through the chest, posteriorly reaching to the region of the apex of the scapula, where it was worst. A constant tickling cough aggravated the pain, so did taking a deep inspiration. She got Kal. bich. 30 in water; impatiently took it oftener than it was prescribed; the pain went off, but in place thereof a headache came on next morning on the top of the head, which without being throbbing increased and diminished just as waves rise and fall, yet it was not an undulating pain, and in these fluxes and refluxes it increased to such a terrible height that death would have been welcome to her. Cold water gave some relief. The pulse was small, weak, as it always was with her, and not accelerated. A globule of Glonoine 12 gave immediate relief; and 12 gls. in three or four ounces of water at every recurrence of the pain. But the

pain in the chest returned. Afterwards also she felt every pulsation in the head."

Dr. Raue gives the following case: "S., an old nurse with a chronic disease of the heart, frequently suffered from the most severe headaches in attacks that lasted all day, especially during wet dull weather. The pain is tearing, and extends from the nape to the vertex, where it is throbbing. Motion and stooping aggravate; lying still ameliorates. Full sensation like rush of blood in the nape, neck and head. After Glon. 12 in one hour the headache was quite gone, the palpitation of the heart removed. Afterwards it did no good, but Platina did."

Dr. Hering says: "Rush of blood to the head in pregnant women, especially with paleness of face, loss of consciousness, falling down insensible, sometimes with cold sweat, especially in the face. Glonoine 6, 12, or 30 in many cases."

"Before the menses, or during them, or when they are terminating, or when they have failed to make their appearance, fulness of the head with or without redness of the face and eyes, especially with throbbing, sometimes with the most violent throbbing, tearing pains. 6, 12, 30, are often instantaneously serviceable."

Dr. Okie writes: "A plethoric female had since she began to menstruate attacks of blood to the head alternately with rush of blood to the heart, with pale or red face, five or six times in the day; at the same time she lost her consciousness and fell down. After Glonoine every two hours the attacks became rarer and rarer, and then ceased entirely. In a second similar case: alternate palpitation and cerebral congestion, with loss of consciousness, convulsions, and foam before the mouth. In this case Glonoine was also useful."

Again: "In plethoric females where instead of the catamenia congestions to the head take place, the latter go off and the former come on." You will remember in my 12th observation the exact reverse of this was observed as the pathogenetic effect of the drug.

Dr. J. R. Coxe of Philadelphia relates the following cases: "Mrs. M. J. C., aged 35, of bilious sanguine temperament, has had four children and four miscarriages. Since her 15th year

she has been subject to attacks of cerebral congestion, for which several of the most renowned doctors of Philadelphia had tried their skill for five years, during which time the disease got much worse. Venesections, leeches, cuppings, blisters to the head, the abdomen, the back, the wrists and the ankles! At the same time neutral salts, rhubarb, mercury, senna, manna, and other cathartics. Baths hot and cold, douches and riding. Very meagre diet; for four whole years she had taken nothing but rice, turnips, tea and toast and cold water. Everything had been tried during her five years' sufferings in vain. She then came under homœopathic treatment, and in less than eight months she was nearly quite restored. She had no attacks from 1836 to 1840, then they again came on gradually. Aconite 9 and Bellad. 12 relieved her. In 1849 three violent attacks, when the same remedies were of use. On the 26th June 1849, she had a more violent attack than ever. The face purple red; forehead and top of the head extremely hot; eyes sticking out and red; agonizing pain in the head; the brain feels too heavy and too large for the skull; she knew no one, repulsed her husband and children, raved, cried out, sought to run out of the house, the carotids and temporal arteries very visibly throbbing violently; the pulse, that was usually 74, is 92, and wiry; temperature of the body and limbs but slightly increased. At 10.14 A.M. she got Glonoine 3, 2 gls. In five minutes increase of all the symptoms; she says, her eyes are falling out, she cries out loudly, puts her hands to her head, and wishes to have a ligature bound round the head; she leaps out of bed, and before she can be arrested she runs a few paces and falls, saying her knees gave way. She was brought back to bed without having injured herself. In ten minutes after having taken the medicine she is quite well; face and head cool; eyes although still red, painless; intellectual faculties entire; she complains of nothing, except that she cannot stand on account of weakness of the knees. This weakness lasted one hour and a quarter. She remained well till the 16th Nov., when she had a slight attack, with small, hard pulse, 92; after Glonoine 3, one globule, she was well in five minutes, without any aggravation."

"Deborah Gray, a black cook, aged 40, a widow with a child 15 years of age; for several years had been subject to attacks

of headache and congestions every 12 or 15 days ; during these attacks the eyes were very painful and red, she had always to go to bed, when she took a purgative, and was never relieved in less than 24 hours. The 21st July 1849, at four in the afternoon, I found her lying on a bench in the kitchen, holding her head with both hands, the face and head very hot, the eyes inflamed ; excessive vertigo, so that she could not stand upright ; she had had a motion in the forenoon ; the urine was high coloured, with red sediment and some dirty reddish-yellow mucus. The headache and vertigo had commenced at 1 P.M. as usual, and thereafter continued to increase till it had become quite intolerable. She groaned, and said her face was all being forced out at her forehead, and had grown much bigger. Glonoine 3, one globule. In six minutes marked aggravation, in ten minutes she was quite well. Had no attack for 14 weeks. On the 6th Nov. a slight attack. Glonoine 6, two globules in four ounces of water, a teaspoonful, and if it does not go off a second in half an hour. She told me next day that she had taken no more, for in 15 minutes she was quite well."

" S. A. C., a girl aged 8, of bilious nervous temperament, hasty temper, healthy, only sometimes she has epistaxis about three or four times in the year, of bright red blood, with headache and slight vertigo. Has sometimes fulness in the head, but it does not prevent her playing, and she scarcely attends to it. Of late years one or two slight palpitations. The 7th October violent headache ; face red ; eyes inflamed ; pulse 104, full and tense. Glonoine 9 without effect. An hour afterwards no change. I gave Acon. and Bell. All the symptoms were gone in six hours. Three weeks later a similar attack, but the pulse was only 92 and not full. Glonoine 12, two globules. Aggravation for 7 minutes, completely cured in 13 minutes."

" L. S., a boy aged 12, bilious, nervous, somewhat lymphatic temperament. Has never been ill, except some violent attacks of croup and an encephalitis when 4 years of age. On the 2nd Nov. he had played for several hours with his companions in the open air, and heated himself greatly with jumping and wrestling, and got into a perspiration. Two hours afterwards he was affected with violent headache which he had never before had, at the same time red face, hot head, pulse 106, full and

strong. The temporal and carotid arteries throbbed strongly, the eyes were inflamed and somewhat protruded, he could not sit upright, held the hands pressed on the forehead, and said his head was larger than usual, and he felt as if the eyes would be torn out. Glonoine 12, 1 gl. In 8 minutes slight amelioration, in 17 minutes quite well."

"B. M. H., a man aged 32, tall, full-bodied, of bilious, nervous temperament. Well since his 20th year; had had no headache since 1838, and had taken no medicine for five or six years. The 12th Nov., after being over-heated, he got a chill by standing in a draught without his coat; he had then drunk a quantity of cold water, had taken several hot salt-water foot-baths, and gone for 24 hours without eating. The 14th Nov. I found him complaining of violent headache, face red and hot, the whole head feels hot all over, eyes much reddened, with wild expression; the knees and legs give way beneath him; now and then perceptible quivering in the wrists and hands; pulse 86, full and tense. Glonoine 9, two globules; slight aggravation for 10 minutes, in 26 minutes quite well. The whole of next day he complained of weakness in the knees and wrists; he said he felt the medicine going about in every part of the brain as though it jumped from one place to another; he felt a shock in the right temple immediately, and then one in the vertex. He stated that he felt the action of the medicine in the course of one minute, and all the time until he got quite well."

"In slight paralysis of the auditory nerve," says Coxe, "I have experienced good effects from Glonoine."

The following cases were observed at the Hahnemann hospital:

Elizabeth Wardle, æt. 26, catamenia had not appeared for six weeks. Throbbing pains through the temples and pressure and heaviness on head; feels sick; constipation; restless at night. She got 2 gls. of Glonoine $\frac{1}{10}$. Result: Catamenia appeared more copious than before, remaining for eight days; headache and sickness disappeared, slept well, and had two motions the day after she took the medicine. This case also corroborates Obs. XII.

M. A. Cattey, æt. 19. Violent palpitation of heart; frequency of pulse; stitches in left hypochondrium; feeling as if she

should die ; numbness in the whole left arm. She got 2 gls. of Glonoine $\frac{1}{10}$. Headache in the temples appeared instantly ; the other symptoms were as rapidly relieved.

The dose of Glonoine used for curative purposes by Dr. Hering and his co-observers ranges from the 2nd to the 30th dil. In my own therapeutic essays I have generally used globules of the 1st dilution ; and in consideration of the circumstance that they rapidly lose their power if exposed to the air, I have either given them in bottles or dissolved them in water.

The pathogenetic effects and the clinical observations I have brought before you will, I feel assured, have convinced you of the amazing powers of this novel drug over the circulation in general, and that of the head in particular ; and I have little doubt that further clinical observations will serve to bear out the opinion that has been expressed by all who have tested it, that it must be one of the most efficacious remedies in congestion of the head, whether caused by constitutional predisposition, or by the suppression of any wonted secretion or excretion.

I may remark that this medicine may be used as an effectual silencer for those who are given to insist upon the inertness of homœopathic globules, and who boastingly offer to swallow any number of them. Two or three large globules moistened with the first decimal or vigesimal dilution, will effectually put a stop to their sagacious head-shakings—as Hering has remarked—at least for a season.

PRACTICAL OBSERVATIONS ON NEURALGIA OF THE FACE.

BY DR. SCHRÖN.

(*From the Hygea, Vol. XIII, p. 193, and the Hom. Vierteljahrsschrift, Vol. III, p. 126.*)

WITHIN two years, four cases of Facial Neuralgia have come under my care, which, after having been in vain treated by the usual remedies, I succeeded in curing in a very short time with the Sprituous Tincture, or even with the Extract of Stramonium.

The first case was that of a robust young man, æt. 33, very much inclined to stoutness. The pain began over the left eye,

attended with violent shootings in the ear, then passed over the cheek below the eye, to the left ala nasi. These attacks of pain did not occur at any particular hour of the night or day, but lasted, with longer or shorter intermissions, for three or four days, without any important diminution of severity, and sometimes assumed a shooting, but more frequently a tearing character.

As none of the homœopathic remedies had even changed the nature of the attack, much less removed it, I prescribed half a grain of Extract of Stramonium, to be taken at 2, at 4, and at 6 o'clock in the afternoon.

The patient was soon affected with difficulty of swallowing, accompanied with unusual dryness of the throat, which could not be removed by frequent draughts of water. He was in a state of partial stupefaction, and sparks of light frequently crossed his field of vision. At 10 o'clock at night he fell into a sound sleep, awaking in the morning without a trace of his complaint, or of the symptoms induced by the medicine. He had not any recurrence of the disease.

The second case did not differ from the preceding one, excepting in the absence of the shootings in the ear; it is unnecessary, therefore, for me to repeat the symptoms. I will only remark that the person was a man æt. 42, and that the pain was seated in the right side of the face, that one-third of a grain of the Extract was sufficient entirely to remove the disease.

The third case was that of a delicate young girl, æt. 16. She had a thin skin, her face was covered with ephelis, her hair light-coloured, unusually thick and long. As long as I have known her she has been of a very excitable temperament, has had headache, accompanied with the feeling as if her brain shook at every step. On the appearance of the menses in the previous year, the pain evidently originated in the second molar tooth of the lower jaw on the right side. Constitutional irritation was developed to such a degree, that the violent attacks of facial neuralgia were accompanied with spasms of the chest so as to impede respiration, with pains in the stomach and transverse colon, terminating with fainting, and frothy evacuations. The patient remaining for some time exhausted and easy until the recurrence of the attack. Her temper hence became much

changed ; she wept much, and was continually either giving or taking offence. The pain, which was of a tearing character, always began in the before-mentioned tooth, which was decayed, then spread over the whole side of the face and head, in all the branches of the facial nerve. For many months I prescribed various remedies for this well characterized disease, but with the exception of a passing alleviation, the whole of the treatment was without effect, almost every succeeding attack proving more violent than its predecessor. The patient complained bitterly. As soon as the pain began in the decayed tooth, she urgently wished it to be taken out, and I resolved upon its extraction during the absence of the pain. While using, by means of the key, the force necessary for its removal, the patient gave such a piercing dreadful shriek, that, terrified, I would not on any account continue. I laid the key aside, and the patient screamed violently again, suffering from an attack of neuralgia in its severest form. With great reluctance I determined upon prescribing Stramonium for this very sensitive and irritable person. At 2 o'clock in the afternoon I gave six drops of the Tincture, prepared but a short time before. As there was no perceptible change in two hours, I again ordered nine drops to be followed in two hours by six drops more.

Dryness of the throat and bright sparks before the eyes appeared. The patient became very quiet, ate some supper, then went to bed ; slept uneasily during the night, was troubled with dreams, and awoke in the morning without pain. She was, however, much enfeebled. It is now a year since ; the hollow tooth still remains, and she has not had any return of the pain—the excitability and readiness of shedding tears still being frequently evinced. The menses are small in quantity but regular.

The last case which I am going to communicate, is the most important and most instructive.

A very sensitive woman, æt. 42, mother of several children, who has suffered from abnormal discharges of blood from the genitals, and who had had, for a long time, more or less violent toothache, was at length seized with facial neuralgia. The paroxysms returned at shorter intervals, and were of longer duration. The pain was seated on the right side of the face,

and occupied all the branches of the facial nerve, from the styloid foramen to the ala nasi. So tearing and fearful was the pain that the features of the affected side were drawn out of place. There was also a spasmodic action of the muscles. After many remedies had been used without benefit, I prescribed, at 4 o'clock in the afternoon, one-fourth of a grain of Stramonium, and two hours after, one-eighth. A third powder was likewise prepared, but was not taken, as the patient already saw sparks of light, and had unusual thirst. She had considerable prostration of strength, and soon retired to bed. The night was passed tolerably well. Before I paid my visit on the following morning, she had again taken one-fourth of a grain of Stramonium. The following train of symptoms occurred after the three-fourths of a grain the patient had taken. I relate them in the same order as they happened. About three-quarters of an hour after the dose which had been taken to-day, she felt across the abdomen, in the region and in the direction of the transverse colon, a drawing sensation, which soon changed into tearing, according to the patient's description, as if two dogs were drawing the bowel in opposite directions, and were ready to tear it asunder.

With this symptom was connected a kind of hunger, when the tearing sensation had subsided a little, but still the patient was unable to take any food.

The head now began to swell with the internal feeling of fulness, as if ready to burst; there was also a loud roaring in the ears.

Hearing then was nearly lost. The patient could only hear when spoken to in a very loud voice. She then understood very well what was said to her, though she at the same time assured me it seemed as if she could not hear another word.

Sparks of light occasionally crossed the field of vision, entering at a high point and disappearing at a lower point of the field.

There was a great throbbing in the temples, more particularly on the right side, and redness of the face without any perceptible increase in the temperature of the head.

She did not complain of any internal heat, but only of a sensation of forcing asunder.

The nose was dry and redder than usual, and it appeared as if the patient had lost the power of smell. She assured me that she could not smell anything. There was a disagreeable taste of pus in the mouth.

The throat was dry, though the patient had no impediment in swallowing, but an immoderate thirst, which induced her to drink, in a few hours, large quantities of water, which did not, however, in the least diminish the thirst. The throat burnt as if a hot stone were lying in it.

The action of the lungs was enfeebled, not from any impediment, but simply from want of power, the patient only respiring at long intervals. A little later, for an hour, she had very fine but sharp stitches in the vicinity of the fifth and sixth ribs, on a very circumscribed spot of the size of a fourpenny piece, increased on inspiration; still it was impossible to discover any retention of the breath as in pleurisy.

The tearing of the bowels returned in a very severe degree, followed by several brothlike evacuations which gave much ease.

The dejection and debility increased, and the patient feeling herself so much weakened thought she would certainly die.

In five hours time she fell into a comfortable sleep, and awoke in a few hours, feeble, but free from all symptoms.

I did not in the least impede the course of the symptoms induced by Stramonium, and throughout avoided any interference, although at last I became a little apprehensive. The neuralgia has not returned, but the dejection and great debility lasted many days longer.

(From the Vierteljahrschrift.)

It is certainly true that no two cases of disease are precisely similar to each other, for as each person is a distinct individual, so must each instance of disease be modified according to the particular constitution of the individual. It was for this reason that Hahnemann rejected the use of names for diseases with the consequent mode of treatment, and justly insisted on the individualization of the case, and on the choice of the remedy according to the mass of the symptoms placed before him.

Nevertheless, certain series of diseases attack the same organ,

and act upon it in a similar manner, upon which fact is founded the existence of certain classes of disease; these again varying from each other are arranged in subdivisions, and by the development of fixed peculiarities in solitary cases form especial individual diseases. Hence, without doubt, the utility of well defined narrations of disease. By these means, series of medicines are indicated for certain classes of diseases, from which series the individuality of the solitary case points out the fixed suitable remedy. Thus experience is not lost to the practice of others, and well marked narrations of disease are of great value in similar diseases. With these views, I now proceed to communicate a series of forms, all of which are more or less allied to facial neuralgia, as such forms are very frequent in our elevated country, and which is moreover exposed to the north-east wind.

A lady, æt. 38, a brunette, of robust habit, mother of several children, had always a tendency to nervous affections, especially when under external influences.

Palpitation of the heart and a tearing pain in the face, as well as pain in the heels, had led her for a year past entirely to avoid coffee. She had recently been able to take, without any harm, an occasional weak cup of coffee in the afternoon. On the day she was seized with the attack I am describing, she had taken an early cup of coffee with a friend. At dinner it seemed as if she had bitten with a hollow tooth. The pain extended from the row of teeth of the upper jaw on the left side towards the infra-orbital foramen and the left ear. She was soon seized with a feeling as if all the muscles of the left side of the face from the forehead to the neck and left axilla were pierced with red hot needles. The muscles of the cheek and around the eye were spasmodically affected, the muscles of the eye being drawn together, thus making the eye smaller. The patient at the same time felt dreadful banging, throbbing, burning, tearing pains, and violent palpitations of the heart. These extremely agonizing pains, which could only be supported with loud groaning, lasted about half an hour, when lying quietly on her face.

The pains then disappeared, leaving the affected side of the face almost paralysed. The patient could scarcely move at all

the muscles of the left side of the face, and the eye seemed rather smaller. She was, besides, very weak, and inclined to weeping. At supper the same day, the attack recurred in the same manner. It was now for the first time perceived that the dreadful pain was preceded by violent beating of the heart. This attack lasted about two hours. The next morning at breakfast, which only consisted of milk, she had another attack of longer duration, and again at 8 o'clock in the afternoon, the period of the original attack, though the patient only took a cup of milk. This was the fourth attack. The disease returned at each meal-time without the mastication of any hard substance, the paroxysm lasting longer, so that on the third day it seemed as if this dreadful state would continue without any remission. The patient was almost mad with pain.

I had tried several remedies,—for at first I regarded the disease as resulting from taking of coffee,—*Nux vomica*, *Chamomilla*, and others, which I thought suitable, but without the least effect. The circumstance now occurred to me, that previous to the attack the heart always began to pulsate violently; this led me to consider *Spigelia* as the most suitable remedy for the neuralgic pains. Six drops of the first dilution in a wine-glassful of water were prescribed, one table-spoonful every half hour during the paroxysm; the latter was entirely removed in an hour, and did not again return.

It is now two years since, and the lady has had no return of the disease. I have not found it anywhere mentioned that *Spigelia* belongs to those remedies whose action is excited or increased by eating.

Another case of facial neuralgia occurred in a lady, æt. 25. She was of a delicate frame, mother of two children, had never had any sickness of importance, and was not subject to nervousness. She had apparently taken a very severe cold, and the same night was seized with a severe, tearing, burning pain, depriving the part of all power over the entire right side of the face upwards, to the parietal bone, and downwards to the clavicle. The pains subsided a little in the morning, recurring again at noon, and quickly stopped, or at least were very much diminished, when the patient took something to eat at noon. At

there was a fresh exacerbation, which was again relieved

at dinner. She dared not even lie down, because the pains were either increased or excited by the least pressure, or even touch of the finger, whether it was stroked in the direction from the periphery to the central end of the nerve, or the reverse. Usually in facial neuralgia, stroking of the nerves from their exit towards their periphery, will alleviate the pain; while the opposite manipulation causes an increase.

When the sufferings had lasted some days, the right arm became benumbed, as if asleep, and the countenance acquired an earthy yellowish appearance. The disease had already lasted ten days when I saw the patient, whom I certainly found in a very pitiable condition. Independent of the dreadful pain which strictly followed the course of the infra-orbital nerve of the second branch of the trigeminus and the muscular branches, as well as the maxillary, the third branch of the same, there existed great debility, and a lamentable longing after rest and sleep, still the patient dared not lie down, as each attempt induced fresh paroxysms. I sought for remedies in vain.

She was too feeble to admit of the use of *Datura stramonium*, from which, in similar cases, I have obtained relief.

The consideration of all the circumstances, especially of the impossibility of lying down at night, that the disease was made worse by touch or pressure, led me to use *China*, which gave wonderful relief. After some doses of the first dilution, prescribed every three hours, the patient fell asleep, and awoke in eight hours much easier. She had pain on a few occasions, but not violent, and only for a short time. Allopathic treatment had given no relief in this case.

Dr. J. Gersung, of Teplitz, has related to me a similar desperate case of facial neuralgia.

Allopathy has been tried in vain. The patient, a lady, seemed like a mad woman with the agony, howling inarticulate sounds; she was cured with *Verbascum*.

Some years since I treated and quickly cured a very lively, intellectual, and active man, æt. 36, of a brown complexion, black hair, and sparkling black eyes, of an attack of neuralgia, with *Rhus toxicodendron*.

A feeling of great coldness, an increase of the sufferings

when in the air, with violent evening exacerbation of the pain, and dysenteric diarrhoea, led me at that time to use *Rhus*.

A year ago he again had a violent attack, in consequence of washing in cold water when overheated with hunting. In such cases, the kind of pain was no criterion for enabling us to choose the remedy, for the patients cannot describe it in any other terms than "Dreadful! frightful!" or as a tearing, burning, throbbing pain; co-existing symptoms alone can lead to the adoption of a remedy.

During the attacks, which more frequently took place at night, the face became red, and the eyes glistened. In the intervals, the face was of an earthy yellow, miserable and dejected. During the attack, the patient could not keep his head quiet in any position, but it was in constant motion. As *Rhus* had cured him on the former occasion, I naturally had recourse to the same remedy again but without effect. *Spigelia* and *Belladonna* were likewise taken in vain. I now ordered six grains of *Ferrum carb.* twice a-day, which soon caused an improvement, and effected a perfect cure in two days.

Another case occurred in a man, æt. 45, who had suffered from weakness of the rectum, especially from great inactivity of the intestinal canal: he was a good liver, and formerly was in the habit of taking much wine. In consequence of a cold, as he believed, he was attacked at 10 o'clock in the forenoon with a violent pain of the left side of the head and face. The pain, which was depicted at the same time as glowing, sticking, tearing, and especially dreadful, increased until towards 1 o'clock, then began to lessen, and left at 3 o'clock. Warmth was borne better than cold, but the patient could not find rest nor lie down.

The next day, punctually at 10 o'clock, the same pain returned, and lasted as long as on the first time; this was repeated for four days.

In the evening the patient was well, could eat, drink, and sleep at night. *Chinin.* relieved the pain immediately, and removed it entirely in three days.

A powerful man, æt. 38, a bottle maker by profession, was seized in a like manner in the forenoon with a violent pain. It extended from the upper part of the forehead to the vertex

and was described as a glowing, beating pain. The patient thought his head would burst from the inward blows; a handkerchief bound tight around the head was well borne. The skin over the forehead seemed swollen, and the eyelids were forced together so that they could be opened very slightly. The least noise increased the pain to the most violent degree, so that the patient crept into the furthest corner of his house to escape from the noise of his companions.

The pain ceased at 4 o'clock in the afternoon, the patient could then eat his dinner. In this manner, the pain occurred many days, coming on at 10 and lasting until 4 o'clock in the afternoon; it attained its greatest intensity about noon. Stannum soon removed the disease; the same remedy cured a second attack a year after.

A tall, thin, very delicately framed, and sensitive man, æt. 66, was, for several successive nights, awoke after having been asleep for about an hour, with a pain in the temporal region of the left side, extending towards the head, the cheeks, and teeth of the same side. The pain increased from one minute to another, was of a glowing, tearing character, and forced the patient to quit his bed. He was thus obliged to walk about the room for three hours during the night with the most violent pain, which did not allow him to be seated once.

Exhausted, he again went to bed, fell asleep, but awoke again in half an hour, and was obliged once more to leave his bed, and walk about until 7 or 8 in the morning. He now fell into a sleep which lasted some hours. In the day time, the teeth of the affected side felt too long, so that he could masticate but very little. He felt very weak, very cold, and could eat but little.

Rhus tox. moderated the attack the next night, and entirely removed it the following one. The teeth were loose for some time, but at length became quite firm.

Another tall, thin man, æt. 37, whose nervous system was very excitable, as he usually complained of all kinds of aches, took cold in building a new house in which the windows had not then been put in, his head, very slightly covered with hair, being exposed to a great draught of air. In the evening, after he had gone to bed, he was seized with a violent pain in the

cheek, close to the ear on the left side. It extended to the temporal region and the malar bone, with a sawing sensation in the bone, then to the parietal bone of the same side, on which was a small spot which gave to the patient the feeling as of a hole in the bone, that part on being touched gave the dreadful sensation as if the brain had been touched. The pain sometimes passed from the upper row of teeth to the lower, when the latter seemed firmly adherent to the former. At another time a glowing, tearing pain shot from the neck towards the left axilla. At the height of the paroxysm, the muscles of the left side of the face were in active play. The patient's eye felt to him as if forced from its cavity, in fact, it appeared actually more prominent, and the eyelid moved spasmodically. The pain was also felt in the pectoral muscles, varying in intensity, and lasted until morning, during which time the patient, with his eyes open, often spoke at random, and was delirious. Warmth at first was beneficial to the affected part, but subsequently it was insupportable. The patient was in constant motion, and occasionally broke out into loud lamentations, striking around him with his arms as if he were raving. Towards morning he slept a little, but often awoke frightened. In the day time he had not any pain, but in the evening at the same hour as on the preceding day, he had a recurrence of the paroxysm, and a repetition of the same scene. I had given *Rhus* the first day, but without any benefit. On the third evening, at 4 o'clock, I prescribed a quarter of a grain of the Extract of *Stramonium*; the dose was repeated at 6, and at 7 o'clock he had some bread soup. At 8 o'clock the patient's throat was very dry, and not benefited by any sort of drink. He likewise saw balls of fire rolling over the counterpane. I then prescribed one-sixth of a grain of the Extract. The pain subsided and did not return during the night, still the patient slept but little.

Early in the morning a decayed tooth in the upper jaw of the affected side still ached; it, however, disappeared at noon. The disease was cured.

Stramonium, in this case, appeared especially useful, because, independent of the kind of pain, the patient, at times, with his eyes open, had a species of mental aberration; besides this, I

have an especial preference for this remedy in similar forms of disease, for when a remedy chosen as strictly as possible in accordance with the similarity of symptoms has failed, Stramonium, in my hands, has always proved beneficial. However, its use in such doses requires circumspection, but it is certainly one of the most important remedies for disorders of the brain and its nerves.

A lady, æt. 30, of a leucophlegmatic temperament, who had had five children, and each time had lost much blood, evidently from want of cruor. The menses appeared every 21 days, but were small in quantity and pale. She often had diarrhoea which was very difficult to remove, was very feeble, and very much exhausted after any muscular exertion.

In our country the Steben bath containing iron is considered very beneficial in such cases. Although it may not be denied that in these forms of disease the Steben bath may actually be useful, yet I am not much in the habit of recommending it, on account of the excitement which almost always follows its use in excitable women, because it is used too quickly or too powerful.

The patient would not be restrained by any shakings of the head, but was determined to visit Steben and take at least fifteen baths. They were, however, used at too short intervals, and directly from the spring, undiluted, and caused that dreadful condition which I have often but slowly and with much difficulty succeeded in removing.

About eight days after her return from the bath she complained of great vertigo, especially at night, which increased so much with lying on the side that she was obliged to pass all the night on her back. On standing she felt a pressure like a heavy load on the forepart of the head, which in the course of a few days increased so much in the day time that she could only half open her eyes, and was compelled even while walking in the room to stand still; it was impossible for her to raise her eyes to the ceiling.

A painful twitching now spread over the face, followed by spasms in the chest, which entirely arrested respiration for a minute, alternating with fits of laughter lasting a quarter of an hour, and even deeply affecting the observer.

A few drops of the 3rd dilution of Stramonium in a glass of

water, of which a tablespoonful was given frequently during the night, entirely removed the disease.

The following morning the patient had lost all the symptoms, having slept well ; there was but a trace of the vertigo remaining, which disappeared in a few days.

Those in the habit of treating such complaints well know how difficult they are to master, and can appreciate the benefit afforded by Stramonium in so short a time.

Another lady, æt. 42, of a robust habit of body, dark complexion and sparkling black eyes, subject to rheumatism, had had some years before a severe attack of neuralgia, which affected the region of the right eye, from which she was relieved by an emetic prescribed by another physician. Three months ago she had a similar attack, which resisted the emetic and all the other medicines prescribed by the former physician. When I undertook the case the patient had an attack daily ; after having slept well at night, on raising the head in bed she was seized with a tearing pain in the neck, which quickly extended itself over the back part of the head into the vertex ; the pain deprived her of all power of thought, her head was confused, and as she expressed it, stupid. The eyes lost their brightness, she could not see clearly, and held her hand almost always before her eyes because the light made them worse.

A cold creeping sensation spread over the whole body. Fingers and heels were benumbed, and the last were peculiarly sensitive underneath. Her sufferings were increased by cold and much relieved by warmth.

The rest of the corporeal functions were in order ; she herself was inconsolable on account of her misfortune, as she named her disease. I prescribed 10 drops of the 1st dilution of Stramonium, to be triturated with a drachm of sugar of milk, of which as much as would cover the point of a knife was to be taken three times a day.

Within three days the pain had disappeared, with the exception of a slight trace on rising early in the morning ; this, however, was removed in a few days with some doses of *Nuxvomica*.

I could bring forward many other cases of a like nature which

prove that similar forms of neuralgia affecting the branches of the nervus trigeminus require different remedies to effect a cure, but that Stramonium in the larger number of these forms of disease can scarcely be equalled by any other remedy.

REVIEWS.

DE LA MENINGITE PURULENTE EPIDEMIQUE QUI A REGNE A AVIGNON DANS L'HIVER 1846-7, par le Dr. J. J. BECHET, &c. Paris, Bailliere, 1852.

ON THE EPIDEMY OF PURULENT MENINGITIS THAT PREVAILED AT AVIGNON IN THE WINTER OF 1846-47, by Dr. BECHET &c. Paris, Bailliere, 1852.

THE work bearing the above title is one in every way deserving attention on the part of all medical practitioners who desire to convince themselves of the best mode of treating one of the most severe and fatal of epidemic diseases. The greater portion of it was, the author informs us, already printed off within a few months of the cessation of the epidemy, but the troubles of 1848 put a stop to the completion of the publication, and it was not till last year that Dr. Béchet found time and opportunity for bringing his literary labours to a termination. This delay in the publication is not of so much importance to the value of the work as it might at first sight appear, for the cases and observations having been written during and immediately after the prevalence of the disease, bear the stamp of truthfulness and freshness which recommends the work to us as much as though it had been published in 1847, as originally designed.

The epidemic disease, to which the name of cerebro-spinal or purulent meningitis has been given, raged in Avignon from November 1846 until April 1847. A similar epidemy had prevailed in the same city in 1841-42, though of a much more limited character than the one in question, and consequently it had failed to excite much attention at the time.

The epidemy of 1846-7 at first confined its ravages exclusively to the garrison of the palace barracks; it was the 8rd light infantry that especially suffered from it.

Many consultations of the most distinguished medical men, both of Avignon and neighbouring towns, were held, with a view to devise some successful method of combating the plague, but, as might have been anticipated, no homœopathist was ever called in to these consultations, nor was the advice of Dr. Béchet attended to by the supercilious authorities of the old system; and yet the success of the homœopathic treatment was infinitely greater than that of the allopathic school, which vainly exhausted all its appliances in the endeavour to stay the fatal malady, whilst the simple means supplied by the therapeutic doctrine of Hahnemann were crowned by a remarkable but discredited success. In order to enable his observations to be authenticated, Dr. Béchet has given the name and address of every patient treated by him for this affection. This precaution he adopted because the adversaries of the homœopathic system were not slow at insinuating that the boasted successes of homœopathy were nothing but fabrications. It should be remarked that the symptoms of the disease were so strongly marked and so severe, that it would have been difficult even for a non-medical person to mistake the malady.

Dr. Béchet remarks that the occurrence of the epidemic at Avignon was generally ascribed to the circumstances that the Autumn of 1846 was very rainy, and that there was for many weeks an absence of the north wind, which generally prevails at that season and acts beneficially by drying up any excess of moisture. It is to be observed that the analogous epidemic of 1841-2 occurred after a great inundation.

Epidemics of encephalitis have been observed on different occasions by medical writers. Forestus describes one that occurred in 1545; Sauvages mentions one that he observed; Saalman gives an account of a similar epidemic at Münster in 1788; Vieussens and Mathey record one that prevailed in the neighbourhood of Geneva in 1805. About twenty years ago, a similar epidemic encephalitis appeared in different parts of France and Algeria, and was particularly severe in garrisons, and at the convict station of Rochefort.

The epidemic, the subject of Dr. Béchet's remarks, appeared in Avignon in November 1846. It was at first confined exclu-

sively to the soldiers. From the description of its symptoms Dr. Béchet received, he found that the remedies that corresponded best to it in a homœopathic point of view, were *spec.* and *hyos.* His colleague, Dr. Denis, was of the same opinion, and they soon had an opportunity of testing the accuracy of their views. The wife of the porter of the barracks was seized with the malady, and was successfully treated with these two remedies by Dr. Denis. The same gentleman had a further opportunity of testing the success of this treatment on two other cases, in the persons of two of the labourers employed at the barracks. This success of homœopathy in a disease that was creating such consternation among the garrison, inspired the soldiers with confidence in the homœopathic method, and at a review of the troops some of the officers publicly proclaimed their confidence in the system, and the soldiers actually refused to go into the hospital where they would be under allopathic treatment. It being contrary to the regulations to receive any other treatment than that of their medical officers, the military chiefs were fain to shut their eyes to an infraction of the rules which was so advantageous to their men. It was accordingly arranged with the homœopathic chemist, that he should deliver gratuitously to those who applied for them, the remedies prescribed by the homœopathic physicians, and in this way, says Dr. Béchet, more than 150 soldiers were treated successfully under the rose with *spec.* and *hyos.* No doubt, says Dr. Béchet, a number of these cases might have been false alarms produced by the terror that prevailed, but he knows from the testimony of many of the officers, men of great intelligence, who watched the cases closely, that many of them were real cases of the disease.

The fact of the efficacy of the homœopathic treatment in these cases was so generally known, that it was the common talk of the town, and is authenticated by a report of the Governor of Avignon, made to the Minister of State, who addressed an enquiry to that functionary on the subject. The report is given in full in Dr. Béchet's volume, but we need not reproduce it here.

Notwithstanding (perhaps we may say in consequence of)

the success obtained by the occult homœopathic treatment that was going on at the barracks, the medical officers of the garrison contrived to put a stop to it; homœopathy was blamed for the mortality that continued to decimate the soldiers brought to the military hospital, but it was found that when the secret homœopathic treatment was put a stop to, the mortality in place of decreasing, augmented in a vast degree.

The epidemic, however, soon extended beyond the palace barracks. Other barracks were attacked by it, and it appeared also amongst the general population, where Drs. Béchet and Denis had ample opportunities of treating the disease without any opposition on the part of hostile medical authorities, until its final cessation in the middle of April following.

The course of the epidemic during that time was very irregular. It was not unusual at the commencement of the disease that its violence was so great as to prove fatal in many instances within a few hours. From time to time, after a calm which led to the hope that the plague was extinguished, it burst forth afresh in all its original intensity. Various circumstances, such as rain, cold, &c., were assigned as the causes of the fresh outburst, but none of the causes assigned appeared satisfactory to our author, as he observed that the disease was often equally severe when none of the supposed causes existed.

Every age, and both sexes were pretty equally subject to the disease; but the mortality was on the whole greatest among adult males, probably owing to the severity with which the soldiers were attacked.

The malady was almost exclusively confined to the lower ranks of the military and the labouring classes.

Whether it was the publication of the success of the homœopathic remedies, Ipecacuanha and Hyoscyamus, or some other reason, it would be difficult to say, but the coincidence if fortuitous is remarkable, the medical officer who had the direction of the hospital, shortly after this announced that he had found ipecacuanha to be almost specific against the disease, and from the moment he began to use it the mortality among the patients diminished in the most extraordinary manner; and he hesitated not to announce publicly that he believed that by means of this re-

medy the hitherto terrific scourge was deprived of all its terrors; a strong testimony from the enemy's camp to the truth of the homœopathic therapeutic law, for it was under the guidance of this law as we have seen that Dr. Béchet had previously announced *ipéc.* to be one of the principal remedies for this disease.

Dr. Béchet carefully enumerates the symptoms of *ipéc.* and *hyos.* from the materia medica which led him to the selection of these two remedies as the homœopathic specifics for this epidemic encephalitis. There is no occasion to repeat them here, as our readers may easily see the indications for their use in the materia medica pura.

Our author does not enter into any details respecting the pathological anatomy of the disease. His position, he says, precluded him from making *post-mortem* examinations, and consequently he could only copy from others their description of the appearances presented after death; and he quotes from the allopathic *Dictionnaire de Medicine* the following passage to show the inutility of a study of the pathological anatomy of the brain:—
 “From a consideration of all these facts, we must conclude, that the same acute cerebral symptoms are often found in conjunction with very different pathological alterations, and sometimes without any physical alteration appreciable by the senses.” (Tom. ix. p. 389). This should, we opine, be a reason for studying more profoundly the pathology of cerebral diseases, rather than for abandoning it altogether as a hopeless task; for difficulties are not conquered by flying from them in despair, but rather by boldly confronting them and endeavouring to ascertain if some points have not been overlooked by former observers, attention to which might enable us to overcome them. Besides, the very names Dr. Béchet uses in speaking of the disease, cerebro-spinal and purulent meningitis, involve an idea of the pathology of the disease, for his adoption of which he was in a manner bound to give us his anatomical grounds.

If, however, his treatise is barren of the pathological anatomy of the disease, it is on the other hand rich enough in details respecting its symptomatology; and we shall now proceed to

give an abstract of his description, whereby we shall obtain a clear notion of its formidable character.

The invasion of the disease was always marked by rigors of greater or less intensity, followed by a sense of excessive debility of the limbs, or pains to be hereafter described; vomiting and headache in occiput and sinciput soon afterwards appeared. The pain at the nape and along the spine was not constant at first, it sometimes came on later. It rarely happened that all the cerebro-spinal system became involved at first. Sometimes the frontal headache was accompanied by pain in the occiput, or in the cervical, dorsal, or lumbar portions of the spinal chord; at other times several of these points were attacked simultaneously, and it was only in very grave cases that the whole vertebral column was involved at first. The tetanic spasms of the muscles corresponding to the affected parts was instantaneous, and the patient soon lost all consciousness and was a prey to the peculiar delirium accompanying this disease.

The rigor was ordinarily general, but the patients were rarely cold, sometimes not at all so; apparently therefore it did not so much depend on afflux of blood towards the internal organs, as on a lesion of the innervation. This rigor did not last in general longer than two or three hours, sometimes a much shorter time. It rarely happened that the means employed succeeded in promoting diaphoresis. The rigor was unaccompanied by blueness of the nails or lips, by *goose-skin*, or by chattering of the teeth. The skin did not get notably hot after the cessation of the rigor, and the signs of depression continued after it had left. The pulse almost always remained the same after the rigor as it had been during its continuance; that is to say it was feeble and contracted.

The accompanying debility was quite peculiar; the muscles seemed at once to lose all their energy; often the patient sank to the ground during the rigor, his limbs bending beneath the weight of his body.

This debility was accompanied by various kinds of pain: some said they felt bruised; others had violent cramps; others drawing or shooting pains; others felt as if the flesh was being

torn from their bones. These pains often continued throughout the course of the disease.

The nausea and vomitings were constant, all the patients had them; when homœopathic aid could be promptly administered the nausea did not run the length of vomiting but only caused slight retching. The matter ejected was chiefly the food that had been taken, mixed with a glairy phlegm; afterwards mucus mixed with bile was alone expelled; the patient seldom perceived any disagreeable taste in the matter vomited, probably because the sense of taste was lost or impaired.

The intensity of the gastric symptoms was generally disproportioned to the lesion of the cerebro-spinal axis. Sometimes they were severe when the nervous centres were but slightly affected, or *vice versa*.

The tongue was generally foul and white in the centre, and slightly red at the edges; it was never actually dry, although sometimes the patient complained of thirst. However adipsia was most generally present. When the patient rapidly lost consciousness, the teeth became covered with a thick coating of a brown colour. When the affection had lasted long, white pearly spots were sometimes noticed on the gums near the root of the teeth; sometimes aphthæ appeared in the buccal cavity and on the tongue. Pressure never occasioned any pain in the epigastrium.

The bowels never presented any symptoms worthy of notice; the abdomen, except in the case of children affected with vermicular disease, was never swollen nor tympanitic.

The urinary secretion was almost entirely suppressed when the affection of the nervous centres was very severe, and especially when there was loss of consciousness. This was not a mere retention of urine, but an actual suspension of the secretion. The return of the secretion was a favorable symptom.

The cephalic pains were constant, they were usually seated in the forehead and went all round the head to the occiput; the vertex was often the painful part. The rhachitic pains were also constant, but did not always occupy the whole extent of the spinal chord; most generally, and especially in the worst cases, they were confined to the cervical portion. Sometimes

the patients complained of them slightly before the premonitory rigor; sometimes they were preceded by slight vertigo, similar to that produced by intoxication, with symptoms of torticollis; sometimes the patient rolled his head about upon the pillow, probably because the motion gave him relief. The intensity of the pains was always proportioned to the gravity of the disease, except in the case of very irritable subjects where they were much complained of though the disease was but slight.

The character of the pain varied. Sometimes the patients complained of a constriction round the head, and of a pressure on the vertex; sometimes they had violent shootings; sometimes a sensation of expansion as if their head would burst; sometimes the pains were continuous; generally, however, remittent. Pressure on the head with the hand generally relieved the cephalalgia, but it always aggravated the pains of the vertebral column.

The weight of the head on the pillow seemed to increase the pains at the back of the head; this circumstance, together with the tendency to opisthotonos, was doubtless the cause why the patients usually lay on their side.

Any movement of the body produced a recurrence of the rhachitic pains. The eyeballs were almost always the seat of very acute pains, aggravated past bearing by the slightest pressure or touch. This symptom was always proportioned to the gravity of the disease, and was one of the most constant pathognomonic signs of the epidemic meningitis.

As the disease increased the sensation of pain diminished, and its reappearance was a favourable sign.

Generally there were serious disturbances of the intellect and innervation; but some cases were met with where the intellect remained intact, while the innervation underwent the most remarkable alteration, either in motive or sensational power. In the latter case the pains were felt and complained of during the whole course of the disease, which was then less dangerous, but much more painful. Some patients imagined they were lying in a wet bed; others on raw meat; one thought he was stretched upon fragments of columns, whilst the intellect seemed otherwise entire. One patient said her hands were made of

wood, and when she attempted to close them, she stated that she felt as though she had a handful of red hot pins that pierced into her flesh. This form of the disease was observed chiefly at the beginning of the epidemic.

Sometimes an alternation of the disorder of the intellect and innervation were observed ; but they generally existed simultaneously. In such cases though the patient could not of course describe his sufferings, it was easy to perceive a lesion of the nervous motive power ; this was manifested by the constant occurrence of tetanic spasms. Sometimes these were so excessive that a line drawn from the vertex to the occipital condyles would form a right angle to the vertebral column. They generally occupied the muscles of the posterior aspect of the body, especially those of the cervical region. Frequently the tendons of the flexors and extensors of the fingers, hand and arm were felt under the skin like cords tightly strained, and quite immovable. In consequence of this the patients often experienced the greatest difficulty in opening and shutting the hands. Besides these there were often trismus and dysphagia.

The respiratory system of nerves was often implicated ; this seemed to be especially the case in those instances where death was very rapid. When the respiration was high and sighing death often ensued in the most sudden and unexpected manner by asphyxia. In these instances the disorder of the nervous system did not usually present an alarming aspect ; the intellect was entire, or nearly so ; the cephalic pains were not very violent ; the gastric disturbance slight ; but in the countenance could be observed on close inspection that peculiar expression caused by the respiratory muscles, which indicates a lesion of the lateral portions of the medulla oblongata. The spinal accessory and phrenic nerves seemed principally affected, which would explain the peculiar precordial anxiety complained of by the patients, who would exclaim that they were about to faint, that they were suffocated, &c. This was decidedly the most dangerous form of the disease.

The cerebral lesion was observed under two different forms ; the one characterized by exaltation and disorder of the intellect, the other by its prostration and torpor. In the latter case the

patient lost the sense of pain; the senses were more or less weakened; the hearing became hard; the look vague and expressionless; the sense of touch blunted; the senses of smell and taste were equally affected; the eyes were half closed, and the patient fell into a state of coma, more or less marked, from which he could not be aroused. In this condition there were often observed floccilation, irregular motions of the limbs, groaning.

In this state it often happened that the least pressure on the skin caused sphacelus. Sometimes the comatose alternated with the delirious form. The former was the rarer, but it was the more frequent form in the epidemic of 1841-2.

In the delirious form of the meningitis the reason shewed every gradation, from slight perturbation up to complete dementia. Some patients had merely some simple hallucinations, others abandoned themselves to acts of such extravagance, or became so excited, that it required several men to hold them in bed. Their acts had always some relation to the delirious ideas they entertained. The essential characteristic of the delirium, however, is, that it was accompanied by a certain semblance of integrity of the reason not observable in any other disease. A patient surrounded by his friends whom he was unable to recognize, would reply quite rationally to questions addressed to him, but if asked to shew his tongue, he would say—"Allow me first to finish what I was about to say." All their acts were rational in regard to the delusions which beset them, and when their attention could be withdrawn from their delirium, their replies were perfectly rational.

The delirious ideas always ran on the ordinary occupations of the patient.

An almost constant phenomenon was an eruption consisting of a conglomeration of vesicles, like varicella, about the lips, most frequently on the right or left side of the upper lip; it was rarely seen on the lower lip, or near the commissure, and only once above the left ala nasi. It was not critical, for no salutary change was observed on its occurrence. Whether the disease was mild or severe the course of this eruption was always the same; it occurred between the third and fifth days.

In the more rapidly fatal cases it occurred sooner. It was not preceded by any change in the colour of the skin, and its growth was often so rapid that it was not noticed by the attendants until fully developed. The vesicles remained for a day or two in the same state, then the fluid in them dried up, they became brownish, and fell off. It was rare that there were two formations of these vesicles.

In the comatose state the skin was so destitute of vitality that a decubitus of one or two days was often sufficient to cause sphacelation of the parts lain on. The parts chiefly subject to this mortification were the antehelix of the ear, the integuments covering the anterior superior spinous process of the ilium, and the trochanter major. The sphacelation was more rapid than in any case of typhus.

The functions of the skin presented nothing remarkable. Immediately before death there generally broke out a profuse viscid perspiration.

The pulse never shewed the peculiarities observed in inflammation, properly so called. During the first days it was always peculiarly compressible and soft, and this character it always retained whether it was slow or fast, contracted or expanded. The general character of the pulse was soft, compressible, contracted, and rarely very rapid.

The countenance was usually pale; the eyeballs sunk in their orbits, and the surrounding skin of a dark colour; the look was destitute of expression. The nose looked pinched, and the alæ nasi expanded. The lips lost their rosy colour, and the mouth remained half open by the depression of the lower lip; the teeth were covered with thick and dirty mucus. Sometimes the patient's face displayed sundry twitchings and grimaces.

At first the decubitus was usually dorsal, and then the patient could not bear a pillow below the head, which had always a tendency to put itself on a lower level than the body. When the opisthotonos became more pronounced the dorsal decubitus became impossible, and the patient lay on one side, the head bent backwards, the thighs flexed on the abdomen, and the legs on the thighs.

The limbs were moved in accordance with the hallucinations present, and carpalogy was very frequent, but not always a fatal sign.

Vermicular disease was the only complication Dr. Béchet observed.

It appears from Dr. Béchet's contemptuous observations on the pathologico-anatomical researches of his allopathic brethren, that the *sectio cadaveris* exhibited the whole of the meninges of the brain and spinal chord bathed in pus, but he is not for all that disposed to admit that the essential nature of the disease was an inflammation of the meninges, because, says he, the antiphlogistics of the old school produced no good result on the course of the disease. But this is a very slipshod style of argument, for just as well might we deny the inflammatory character of pneumonia, because the antiphlogistic treatment, as demonstrated by Dietl, is positively injurious in its treatment. It must first be shewn that the antiphlogistic appliances of the old school are what their name implies, and even if they are so in relation to some inflammations, there may be others in which they are of no avail. We would rather argue with our adversaries thus: the appearances you observed after death satisfy you that the disease was of an inflammatory nature, but as your so-called antiphlogistics had no effect upon this inflammation; you must admit that the name you have bestowed upon them is a mockery, a delusion, and a snare, and your want of success is another added to the many existing proofs that your system is founded on error.

Dr. Béchet cannot trust himself to give a name of his own to the disease, so with his leave we shall consider it to be what he himself treats of it as, namely, a cerebro-spinal meningitis, with tendency to purulent deposit on the meninges.

The course of the disease was very various. It generally lasted from two to ten days; some cases even were dead in from fifteen to twenty hours after its invasion. The duration of the malady in its acute state was in the inverse ratio of its severity. In this point of view it may be divided into three classes: the super-acute, the acute, and the sub-acute, which sufficiently indicates their intensity, and the rapidity of their course.

The chronic type of the disease supervened upon the acute or super-acute form. When the treatment had removed the most alarming symptoms of the disease, if the rhachialgia did not go off entirely, if the limbs did not resume their normal suppleness, if the head remained confused, the intellect dull, the impressionability great, if the appetite did not return, nor the pulse lose its characteristic compressibility, then the chronic meningitis was inevitable. After one or two days of apparent amelioration the disease would burst forth anew in its original fury; it would yield more rapidly, but would again occur. These relapses were always preceded by vomiting, followed by the tetanic spasms and sensations of dizziness that caused the patients to cry out. The patients convulsively clutched the bedclothes to preserve themselves from falling, which they imagined they were about to do. The relapses presented sometimes a tertian, sometimes a quartan type; sometimes the interval was longer. The patients emaciated rapidly, the skin became of an earthy hue and was covered with a kind of secretion that could not be removed, and there was a general muscular quivering; all which signs indicated that the malady was suspended, but not cured.

The chronic form produced the highest degree of marasmus, and after one, two, or even three months of suffering, death usually terminated the scene.

This marasmus was not owing to any perceptible loss of humours, for there was neither diarrhoea, nor profuse diaphoresis; in spite of the most nutritious diet they fell into a state of complete atrophy.

The prognosis was always very doubtful, even under the best treatment. The cure was very rarely rapid and perfect. The convalescence was generally slow, and troubled by the recurrence of meningitic symptoms. Some of the symptoms engendered by the disease often persisted long after the health was otherwise completely restored; especially the deafness, the weight and vertigo of the head, sundry disturbances of the sight, and the muscular debility. Two of Dr. Béchet's patients remained permanently deaf. Many of the affections that remained after allopathic treatment were not observed after

homœopathic treatment, such as idiocy, a typhoid state, the loss of the eyes by suppuration, loss of speech, and incurable paralysis.

Dr. Béchet gives the full details of 45 cases of the epidemic meningitis treated by himself. Most of these are very interesting, but we have only space to give the history of two of the most remarkable.

No. I. *

" On the 29th January, 1847, at 11 P. M., I was called to see Pierre Lafont, aged 26, a railway labourer. The previous night he had gone to bed quite well. At 2 A. M. he was seized with a violent rigor, followed by occipito-frontal headache, and such violent pains in the neck, betwixt the shoulders, in the loins and limbs, that he was obliged constantly to change his position; vomiting. Since 4 P. M. he is speechless and senseless. Such are all the particulars I can learn respecting this young man, who was of a robust make, and previously healthy.

" The face is of a violet-red hue; the nostrils powdery; the teeth and lips covered with indurated brown mucus; the skin nearly cold; the pulse contracted, weak and compressible, about 100; respiration sighing and laboured. I cannot elicit the slightest sign of intelligence. He groans incessantly, and is in constant violent motion, so that his friends were obliged to hold him in bed. He has not passed any urine since he was taken ill. Slight bending backwards of the body. I gave *ipéc.* O and *pulsat.* 6, a dose of each alternately every hour.

" At 11 A. M. of the following day I was informed that at 4 A. M., that is, after the third dose, he had recovered his consciousness; since then his state is as at present. Face less red, more natural; the powdery appearance of the nostrils less; the pulse less rapid, and stronger; the skin pretty warm. He is able to tell me how he is. He has still much pain in the forehead, the occiput, and all the back; the limbs are less painful, and he has no longer the constant inclination to move them about. His tongue is red at the edges, and very dirty in the centre; the front teeth and lips are still covered with thick blackish mucus. He drinks without thirst. The breathing is

* Case No. 7, p. 87

less oppressed, but is still sighing and slow; he often gives a deep sigh; the nostrils are widely expanded.

"Although the intellect seems to be perfectly restored, and he replies accurately and recognizes his friends, he begins to rave the instant I cease to engage his attention. He then holds conversations with absent persons, about his ordinary work, and some imaginary danger. There is at the same time a certain tone of buffoonery about his raving. He must be held as he always wishes to get out of bed. I gave now *bryonia* 15 in place of the *pulsat.* in alternation with *ipéc.* every hour.

"At 5 P.M. he appeared slightly better. Continue med.

"On the 31st, at 11 A.M., I learn that he had passed a very bad night; no sleep; constant delirium; though he always replied rationally. Face red; respiration less slow and less sighing; skin warmer; pulse stronger but compressible. He goes off into stupor every now and then, the eyes half open. No urine. Conglomerated vesicular eruption on the left side of the lower lip, extending to its coloured portion. *Ipec.* O and *opium* 1 alternately every hour.

"1st Feb., 9 A.M.—The night had been passed more quietly, only wished to get out of bed occasionally. No sleep. The delirium less constant; he gives me an exact account of his sensations; he feels himself considerably better. I got him to sit up to examine the state of his back; it is extremely stiff, even the neck is quite stiff, but there is no longer any bending backwards. The face is red, and the eyes bloodshot; the soporific tendency less. Pulse the same as at last visit. He has not so much motion. Has passed his urine in bed. *Ipec.* O and *hyos.* 1 alternately every two hours.

"At 5 P.M.—I find the excitement greater; the pulse full and resistant. The urine again passed in bed. He has three sphacelated spots, one on the antehelix of the ear, another on the crest of the ilium, and a third over the trochanter, the points he lies on. *Bell.* 12 and *hyos.* 1 alternately every two hours.

"2nd Feb.—A pretty good night; he slept occasionally, the eyes half closed; he did not wish to get out of bed; his wanderings were rarer and less persistent. Lips and teeth no

longer covered by mucus ; nose normal ; tongue cleaning ; respiration natural. Has passed water twice in the utensil. *Opium* and *hyos.* alternately every two hours.

“ At 6 P. M.—Much better. Continue medicine.

“ 3rd Feb.—Going on very well ; has had several good sleeps. Wandering ceased. But he complains and groans ; is grieved to find himself so ill ; says everything hurts him. The stiffness of the back continues, the least movement brings back his pains. Has asked to make water several times. The edges of the tongue are covered with aphthæ ; has had a natural stool. Continue med.

“ 4th.—A good night. Tongue better. Pulse good. To have beef-tea every three hours.

“ 5th.—The beef-tea agreed ; passed a good night ; pulse normal ; aphthæ on the tongue going off ; eruption on the lips dry. He only complains of pain as from a ligature across the forehead, and of a pain in the right leg which makes every movement of it extremely painful ; nothing to be seen or felt there. *Nux* 15 at 11 A. M., and the same at 9 P. M. Continue the beef-tea.”

This patient continued to progress steadily, except that in the right knee there occurred a hydrarthrosis of a critical character, which gradually yield to *pulsat.* and *hepar sulph.* On the 12th he was reported quite well, and on the 17th he was able to be out of bed, and to walk about the room.

No II. *

“ Catherine Millet, sempstress, aged 22, usually pale, but enjoying good health, began to complain of frontal headache on the 21st of February. On the 22nd her sufferings increased ; however she rose, but soon fell down extremely sick at stomach. She passed a very bad night, and was very ill next day and night. On the 24th she sent for me, but as I was out of the way my colleague Dr. Denis saw her for me at 4 P. M., and prescribed *ipéc.* O and *hyos.* 1 alternately.

“ 25th.—I saw her at 9 A. M. She is speechless and senseless, and lies on her back in a state of stupor. The face is pale and

* Case 28, p. 137.

haggard; pulse small and hard, it disappears on the slightest pressure. Skin almost cold; she occasionally utters inarticulate cries; there is floccilation. Sometimes these symptoms of prostration are replaced by symptoms of extreme excitement; she requires several persons to restrain her; she throws off the clothes, wishes to run away; seizes hold of the objects surrounding her bed, and throws them into the middle of the room. *Ipec.* and *opium* 1 alternately.

"3,30 p.m. She has had frightful attacks with convulsions and piercing cries; the face is red; six persons scarcely suffice to keep her in bed. She has broken or torn to pieces every thing she can lay her hands on; she has even attempted to bite; she has decided opisthotonos. She is however not so ill. From time to time she gives signs of a return of reason, and can speak though very indistinctly. These lucid intervals are however very short, they are succeeded by the greatest disorder of intellect and behaviour. Continue *ipec.* and *opium*.

"8,30 p.m. Better, the attacks less long and less violent; the consciousness is greater; the speech free and distinct. Since 5 p.m. she has not lost consciousness; the pulse is stronger; the secretion of urine which was suspended for thirty-six hours has reappeared. Continue medicine.

26th, 9 a.m. Has had an excellent night compared with the previous one. She was not delirious, the intellect not disturbed. She has suffered, and still suffers much from pains in the head and back; the neck is less bent back; the pulse only 85 and somewhat firm. Continue medicine.

"9 p.m. Is very well; has only a little pain in the head, neck and loins, and a general bruised feeling; she complains chiefly of a feeling of erosion in the œsophagus, probably caused by her loud cries. She, on the contrary, ascribed it to the violence of the remedies I had given her, and refused to take any more."

Notwithstanding this she continued to progress favourably, and made an excellent recovery.

A comparison of the mortality among Dr. Béchet's 45 cases with the authentic and official records of the allopathic treatment of this epidemic shews greatly to the advantage of the former.

Dr. Béchet cites several official documents from which it appears that the average mortality of those treated allopathically at the military hospitals, was 72 in the 100.

Of the 45 cases treated by himself, 35 recovered and 10 died, which gives an average mortality of 28 per cent. only.

As a rule the mortality among hospital patients is greater than among patients treated at their own houses, as only the severest cases in an epidemic are taken into hospitals; but the case is different in respect to military hospitals; for among the soldiers whenever any illness occurs, the patient is immediately transferred to the hospital, which places the soldier treated in the military hospital on nearly an identical footing with the civilian treated at his own home;—indeed the soldier may be held to be on a more favourable footing, for his hospital combines the advantages of early treatment, with all the first-rate appliances the hospital affords; and as slight as well as severe cases are transferred at once to the military hospital, the conditions are favourable for instituting a comparison with the results of a different method of treatment among civilians at their own homes.

Such being the case, it must be acknowledged that the homœopathic treatment of this fearfully fatal epidemic disease, as shewn in Dr. Béchet's treatise, was brilliantly successful in comparison with the results obtained by the old system; for had Dr. Béchet's mortality been in the same proportion as that of his allopathic brethren, he should have lost 32 patients in place of 10. This gives a saving of as many as 22 lives out of the 45 patients, due to the beneficial influence of homœopathic treatment.

Dr. Béchet concludes his observations relative to the treatment of this epidemic, that devastated the city of the Popes, by giving a general survey of the remedies he employed, their indications, doses, &c.

Ipecacuanha was, he says, the specific remedy for the genius epidemicus. He generally gave it in the pure tincture. He, needlessly we think, gives himself the trouble to defend such large doses (save the mark!) of this remedy, by stating that the disease appeared analogous to the cholera, in which the

strong spirit of Camphor was recommended by Hahnemann himself. Moreover, Hahnemann says in his introduction to *Ipecacuanha*, (R.A.M.L. iii, p. 250.) that in cases of poisoning with large doses of Opium, *ipéc.* should be given in doses of 30, 40 or 60 drops of the strong tincture; and Dr. Béchet considers this disease bore a great resemblance to cases of poisoning with large doses of Opium, and hence required the strong tincture of *ipéc.* for its cure; an inference, the correctness of which (whatever we may think of the premisses on which it is founded), we think the result of his treatment fully verifies.

Hyoscyamus was the most powerful adjuvant of *Ipec.* The pains in the cervical portion of the spinal chord, the delirium without active congestion of the head, were the indications for its employment.

Opium was indispensable when there was a tendency to sopor or coma; it was indicated by prostration of the strength, owing to a loss of the innervation.

Belladonna was necessary when active congestion towards the nervous centres was imminent or present, and when the delirium became furious.

Bryonia was indicated when the respiratory nervous system was affected.

Nux vomica proved efficacious when the lumbar portion of the spinal chord was implicated, or when the symptoms were of an intermittent paroxysmal character.

Pulsatilla was useful when there was constant desire to change the position of the limbs in order to mitigate the pains in them.

Aconite was sometimes requisite; fulness and hardness of the pulse indicated its employment.

Cina was always of use when there was a complication of vermicular disease.

Capsicum Jamaicum was the only remedy that seemed to avail in the chronic form of the disease.

Three of these medicines only were used in the form of pure tincture, *ipéc.*, *cina*, and *capsicum*. The others were employed in different dilutions.

It was necessary to repeat the dose at short intervals. The remedies were almost always employed in alternation. The multiplicity of the symptoms seemed to demand this; and the result justified the propriety of the proceeding. Dr. Béchet frequently noticed that the disease became aggravated when he ceased to employ this method of exhibiting the remedies.

Dr. Béchet's interesting work is terminated by a short essay on the therapeutic properties of the *capsicum jamaicum** or pimento (not to be confounded with the *caps. annum* or Cayenne pepper), which he found to be an excellent remedy, in doses of several drops of the tincture, for the intermittent fever endemic in the neighbourhood of Avignon. The success obtained by Dr. Béchet with this remedy leads us to believe that it were well worth being physiologically proved, with a view to its introduction into our homœopathic materia medica. It is this substance Dr. Béchet found so serviceable in the chronic intermittent type assumed by some cases of the epidemic meningitis.

In conclusion we must pay Dr. Béchet the compliment of saying, that his treatise on the fearful epidemy he had the fortune to witness in Avignon, redounds greatly to his honour, and next to Tessier's elaborate work on the treatment of cholera and pneumonia, is the most interesting and instructive work that has hitherto proceeded from the pen of a French homœopathist.

ELEMENTS OF VETERINARY HOMŒOPATHY, &c., by W. HAYCOCK, V. S. London, Aylott & Jones, MDXXXLII (*qu.* MDCCCLII ?)

MR. HAYCOCK is favorably known to the readers of this Journal by some cases of irritation of the bowels in horses successfully treated by him, and recorded in Vol. VIII. It is, however, one thing to be able to treat successfully some well-marked

* The name of *capsicum* is wrongly given by Dr. Béchet to this spice, and is apt to lead to confusion. The plant from which the berry is obtained is the *myrtus pimenta*; this therefore is the name by which the medicine should be distinguished.

diseases in the horse, and another thing to be able to write a good systematic treatise on the treatment of all the principal diseases of horses, cattle, sheep, and dogs; and we should be paying Mr. Haycock a compliment at the expense of truth, if we were to say we thought his present work a good Manual of Veterinary Homœopathy. It is necessarily a much more difficult task to construct a therapia of the diseases of the lower animals than of man, for in the former we are confined exclusively to the objective symptoms of disease and drug to aid us in our choice, whilst in man we can obtain the additional guides of the subjective symptoms, which are often nearly all we have to go by in the disease, and they are the symptoms that constitute the great bulk of the pathogenetic records of our materia medica. Such being the difficulties of the task, we do not think our author shews in this volume that he is qualified to surmount them altogether. Whilst his descriptions and directions for the treatment of certain affections bear the stamp of practical acquaintance with the diseases and experience of the efficacy of the remedies he enjoins, this is by no means the case with respect to many other of the diseases he has been forced to include in his work in order to give it the character of completeness. Mr. Jingle, it will be remembered, proposed to write a book on Chinese metaphysics by reading up the articles "China" and "Metaphysics" in an Encyclopædia, and then out of the two forming a *tertium quid*; and such, in some instances, seems to have been the plan followed by Mr. Haycock. He has taken, on the one hand, the descriptions of some equine and bovine diseases from works of repute on the veterinary art, and on the other hand, the symptoms of medicines given in Jahr, and evidently in this way he has compiled a therapia of some affections respecting which he has had little or no experience. Such a procedure was indeed inevitable under the circumstances, for the clinical experience of the oldest homœopathic veterinarians is still comparatively limited. We had rather Mr. Haycock had not been so ambitious to write a complete treatise on the veterinary art, but had contented himself, for the present, with giving an account of those diseases of which he has had considerable experience; what his work would in that case have lost in comprehensiveness,

it would have more than gained in accuracy and practical value ; and when the author's practice of homœopathy shall have been considerably more extensive, and his experience more enlarged, we doubt not he will be able to furnish a much more satisfactory manual of veterinary homœopathy than the present is.

A great deal of the practice recommended in this work is not homœopathy at all. Thus we find Mr. Haycock advising the employment of lotions of tincture of Iodine, and of Arsenic, injections of Oak-bark decoction, Acetate of Lead, and Sulphate of Zinc ; balls of Aloes, scruple doses of Sulphate of Iron, half-drachm doses of burnt oyster-shells, and other means, which we hope a more extended experience of homœopathy will shew him to be not requisite.

Those diseases with which Mr. Haycock is familiar, and which he has frequently had an opportunity of treating, he describes well, and his directions for their treatment are plain and lucid, but he makes strange mistakes with regard to some other diseases. Thus, speaking of hydrothorax, he gives complicated directions for shaking the animal in order to detect the presence of fluid in the pleural cavity, for if fluid be there, he affirms, we shall hear a "glugging sound" when the beast is properly shaken on applying the ear to the chest. Such a sound, we need scarcely remind our readers, could not be produced by shaking the patient unless there were, at the same time, air and fluid in the cavity of the pleura, a condition that is not found in hydrothorax, but which is peculiar to that morbid state denominated pneumo-pyo-thorax—a totally different disease. If Mr. Haycock heard any sound during his shakings, it must have proceeded from his rude concussion of the abdominal walls causing a sudden displacement of flatus in the bowels.

Among the remedies for grease mentioned by our author, we do not find *thuja*, which has been used so successfully by some German veterinarians. Judging from analogy in the human being, we think that *iodine* and *spongia* might be of use in laryngitis, *sulphur* in hydrothorax, *cina* in vermicular diseases, *mercurius* in inflammation of the bowels, though Mr. Haycock does not mention these remedies in connexion with these diseases.

We cannot say much for the literary merits of Mr. Haycock's

work. The grammar of many passages would rather astonish Lindley Murray, and the orthography of some of the words has shocked us exceedingly. For instance, we meet with *dieuresis* and *opthalmia* repeatedly, *interception* for intussusception, *minimums* for minims, &c.; errors which shew a great amount of carelessness in the composition of the work.

Mr. Haycock denounces all the treatises on veterinary homœopathy that have hitherto appeared, as worthless and useless, but we think he might have been more modest in his criticisms, as his own is so far from perfect. We trust that by the time a second edition of his "Elements" shall be required, a greatly extended experience of the homœopathic treatment of the diseases of our domestic animals will enable him to furnish the veterinarians of Britain with a still more scientific and practically useful treatise on veterinary homœopathy.

COMPLETE REPERTORY OF THE HOMŒOPATHIC MATERIA MEDICA, by CHARLES J. HEMPEL, M.D., &c. New York, Radde, 1853.

THE two volumes of Jahr's Larger Materia Medica were incomplete without a Repertory, and, accordingly, the indefatigable translator of the Symptomen-Codex, Dr. Hempel, has been busily engaged in constructing such a much needed key to the work ever since its issue from the press. We now have before us the result of his incessant labours in the shape of a portly volume of upwards of 1200 pages, for which he deserves the best thanks of the homœopathic body at large. This volume will be a great acquisition to all the practitioners of our art, as it will facilitate very much their search for the appropriate remedy. We have already made extensive use of it; and though in some respects we could have wished a different arrangement of some sections, a more strictly anatomical arrangement of the symptoms (where that was possible), and an alphabetical arrangement of the medicines in the various subsections, whereby the discovery of the medicine and symptom required would have been facilitated, yet we cannot, in the face of such evidence of unwearied industry and zeal for the cause

as this volume displays, venture to be hyper-critical, so, thanking Dr. Hempel most heartily for his repertory, we commend it confidently to our English colleagues. It will be found useful by all, whether they possess the two volumes of the *Symptomen-Codex* or no ; and, though it will not supersede the use of other repertories and manuals, it will in many cases guide the practitioner to the ready discovery of an appropriate remedy, when all the other works hitherto published in our language would leave him in the lurch.

I.—KLINISCHE ERFAHRUNGEN IN DER HOMŒOPATHIE, &c., von Dr. TH. J. RUECKERT. Dessau, Katz, 1852-3. Vol. I, pts. 1 to 6.

CLINICAL OBSERVATIONS IN HOMŒOPATHY, *a complete collection of all the cures and practical remarks recorded in the Homœopathic literature from 1822 to 1850*, by Dr. TH. J. RUECKERT of Herrnhut. Dessau, Katz, 1852-3. Vol. I, pts. 1 to 6.

II.—A TREATISE ON HEADACHES, *including acute, chronic, nervous, gastric, dyspeptic or sick headaches ; also congestive, rheumatic and periodical headaches : based on Dr. Th. J. Rückert's clinical experience in Homœopathy ; with introduction, appendix, synopsis, notes, directions for doses, and fifty additional cases* : by JOHN C. PETERS, M.D. New York, Radde, 1853.

THE first work whose title we have given above is what its title indicates it to be, namely, an abstract of all the cases of cures recorded in the homœopathic literature of Germany betwixt the specified dates. The six numbers before us include the diseases of the head, eye, ear, nose, face, lips, teeth, tongue, mouth, fauces, œsophagus, salivary glands, and stomach ; and the forthcoming numbers will include the affections of all the other organs of the body. The abstracts are good, the general observations respecting the medicines and diseases carefully made, and the work as far as it has gone is a monument of the pains-

taking author's industry and devotion, and a proof of his excellent powers of arrangement and judicious classification. It is a work that will prove of eminent service to the practitioner, and greatly serve to lighten his labours and to assist him in his cure of disease, for he has here in small space a recapitulation of the large amount of recorded clinical experience that is scattered through a hundred volumes. When Dr. Rückert has finished his arduous labours, and we have the complete work before us, we shall give it a more lengthened review; in the mean time we congratulate him on the manner in which he has hitherto executed his difficult task, and trust that nothing may interrupt its regular publication.

The other work mentioned at the head of this article owes its existence to the work of Dr. Rückert just alluded to, but it is no mere translation, indeed it may almost be considered as an original and independent treatise on Headaches. To a certain extent the author has followed Rückert's arrangement, and given all his cases and clinical remarks, but Dr. Peters' volume is enriched by more than eighty additional cases taken from sources not accessible to Rückert, to wit, the French, English and American homœopathic publications. Scattered throughout the work are many useful practical remarks in the form of notes, and at the end is a good synopsis of the indications for the employment of the different remedies for headache. There is also an excellent introductory chapter on the nature and causes of headaches, which contains much curious and interesting information. We may give the reader some notion of the immense amount of original matter in Dr. Peters' volume, when we state that the number of pages in Rückert's work occupied by headaches is but 68, whereas Dr. Peters' book contains 173 pages of nearly equal size.

Dr. Peters promises a second volume, on apoplexy, encephalitis, and hydrocephalus, still founded we presume on the work of Rückert; and if he shall follow Rückert through all his diseases in the manner in which this volume is executed, we shall be forced to admit that the German original has, like a bishop, gained by translation.

AMERIKANISCHE ARZNEIPRUEFUNGEN UND VORARBEITEN ZUR ARZNEILEHRE ALS NATURWISSENSCHAFT, von CONSTANTIN HERING. Heft. 1 and 2. Leipzig, Schäfer, 1853.

AMERICAN PROVINGS OF MEDICINES, *and preliminary works, with a view to rendering the Materia Medica a natural science*, by CONSTANTINE HERING. Pts. 1 and 2. Leipzig, Schäfer, 1853.

THESE are the first two numbers of what we have no doubt will prove a valuable and welcome work. Dr. Hering proposes to record here the pathogenetic symptoms and clinical effects of a number of new or imperfectly proved medicines, which he and others similarly devoted to this good work intend to investigate or have already investigated afresh. The list he gives of the medicines he thus proposes to study is as follows: Aloe, Alumen, Apis mellifica, Argentum metallicum, Arsenicum hydrogenisatum, Arsenicum metallicum, Askalabotes laevis, Benzoicum acidum, Berylla carbonica, Boletus laricis, Bromium, Caladium seguinum, Calcareo arsenica, Calcareo phosphorica, Calcareo sulphurica, Castor equorum, Cepa, Chlorum, Chromicum acidum, Cinnabaris, Cyclamen, Dolichos pruriens, Elaterium, Eugenia iambos, Eupatorium perfoliatum, Fluoricum acidum, Formicum acidum, Glonoinum, Gymnocladus canadensis, Hamamelis virginica, Hippomanes, Jatropha curcas, Indigo, Iris versicolor, Kadmium metallicum, Kalmia latifolia, Lachesis, Lithium carbonicum, Lobelia cardinalis, Lobelia inflata, Lobelia syphilitica, Mancinella, Mercurius iodatus, Mercurius sulphuricus, Mephitis, Millefolium, Osmium, Oxalicum acidum, Palladium, Phytolacca decandra, Podophyllum peltatum, Psorinum, Rhodankalium, Rhus radicans, Rumex crispus, Sanguinaria canadensis, Selenium, Sulphocyanicum acidum, Tellurium, Theridion curcassavicum, Triosteum perfoliatum, Viola odorata, Xyphosura americana, Zincum hydrocyanicum. A goodly list truly of important remedial agents, and we sincerely trust our learned and unwearying colleague may long be spared to carry out his great design. The two numbers that have reached us contain the first fruits of his new labours, and a hopeful earnest are they of what we may expect from future numbers.

These two parts contain the provings of Glonoine (to which reference has been made in a former part of this journal), of *Achillea millefolium*, and the commencement of a very elaborate proving of *Apis mellifica*, a medicine, by the way, which, though it has been such a short time introduced into homœopathic practice, has already attained a considerable reputation, and is very much employed and with very remarkable effects by many of our colleagues.

We look forward with great hopes to the future numbers of this valuable publication, and have every expectation that it will add to the fame of its learned editor, and prove a great acquisition to the homœopathic practitioners, for though we confess to not always being able to understand Dr. Hering when he is soaring in the higher regions of speculation, we never fail to derive profit and instruction from him when he descends to the terra firma of practice and observation.

MISCELLANEOUS.

Inauguration of St. James' Hospital, Doncaster.

THE year 1858 has opened with an event of a highly auspicious character for the interests of homœopathy. Ere the first month had elapsed, a building, erected exclusively for a homœopathic hospital and dispensary, was opened in the small, though rapidly increasing town of Doncaster, by Dr. Dunn, the active and enthusiastic representative of our system in that place, under circumstances of a peculiar and highly interesting character; which reflect no ordinary degree of credit upon its energetic founder. These we shall, without further remark, proceed to relate.

The want of a hospital for the accommodation of the sick poor of Doncaster and the neighbourhood, has long been felt by the inhabitants of the town, on two occasions an effort has been made to raise such an institution; on both, however, from some untoward event or other, it fell to the ground and though for several years an "*Infirmity Committee*" has existed, it is long since the subject of an infirmary was mooted. Rather more than twelve months ago, the inhabitants determined on erecting a monument, of some kind or other, to the memory of the late Sir William Cooke, a highly respected and influential baronet who resided in the neighbourhood. Dr. Dunn now suggested to those to whom the carrying out of this design was entrusted, that a hospital, a building so long needed, and so often talked of, would prove at once the most enduring and most useful memorial of the respect and esteem in

which the departed baronet was held by them. Serious illness, at this juncture, prevented Dr. Dunn from pressing the subject upon the attention of his fellow-townsmen, and the result was that, instead of an infirmary, a highly decorated window in the parish church, formed the memorial, which, alas for the durability of such useless monuments, was destroyed by the late fire.

Here all hopes of a hospital for Doncaster *seemed* to terminate, but, in reality, they were, for the first time, only to assume a substantial form.

It so happened that, at this time, the urgent necessity which there was for an institution of this character, was very forcibly impressed upon Dr. Dunn's mind by the occurrence in his own practice, of several severe railway accidents, for the domestic care and accommodation of which, no suitable room could be obtained. From this moment Dr. D. resolved that, come what might, a hospital should be forthwith erected in Doncaster,—that that hospital should be a homœopathic one; and that, for the expense incurred in building and maintaining it, he would be responsible! A noble determination truly! And assuredly it has been most nobly carried out!

Dr. Dunn now made known his intentions to the inhabitants, and surrounding gentry; who, in many instances, have most generously seconded his endeavours to promote the interests of their town in this most important particular. Among the most noteworthy donations was that of the land, the title-deeds of which were presented to the doctor by F. W. Fisher, Esq., of Westfield, Doncaster.

The necessary preliminaries having been arranged, the foundation stone was laid on the 26th of May, 1852, by Dr. Dunn, aided by his son, W. Hahnemann Dunn.

The institution being fairly afloat, the signal was given for immediate hostilities on the part of the allopaths. The "*Infirmity Committee*" was now summoned; and after some discussion, it was agreed that, a general infirmary was urgently called for; but that Dr. Dunn's project was *homœopathic, inadequate, and badly situated*, and consequently, worse than useless! One or two meetings were held, when, after having expended, most uselessly, upon the doctor the usual allowance, which allopathists give themselves, of opprobrious epithets, and having betrayed, in a most flagrant manner, their utter ignorance of homœopathy, they commenced a canvass for subscriptions, and appointed a committee to select and report upon a suitable site for building. The first, however, they could not obtain; and, on the second question, could not agree. With scarcely an exception, every individual to whom they appealed for a donation declined, on the score that he was already interested in Dr. Dunn's institution, and did not see that any grounds existed for erecting a second building, with a similar object in view. After another "*Infirmity Committee*" meeting, and a few "valedictory remarks" on homœopathy and the homœopaths, the infirmary project sank to rise no more!

The opposition was now vanquished; and the hospital, dedicated to

the patron saint of the locality, gradually approached completion. On the 26th of January, exactly eight months from the date of the laying of the foundation stone, the ceremony of inauguration took place. On the morning of that day, divine service was performed in the parish church by the vicar, the Rev. Dr. Thorpe. Service being concluded, Dr. Dunn, accompanied by the vicar and a goodly number of friends, proceeded to the hospital, where an elegant *déjeuner* was provided. Here a number of appropriate toasts were proposed by the chairman (Dr. Dunn) and others—Dr. Dunn taking this opportunity of giving a history of the rise and progress of the institution, and a brief account of the objects aimed at in its erection.

In the evening, the workmen attached to the Great Northern Railway, were invited to a substantial old English supper, which also was followed by the delivery of several speeches, and a short announcement by Dr. Dunn of the provisions made for the sick in that building.

The medical men present at the ceremony were, Dr. Ramsbotham of Huddersfield, Dr. Ransford of York, and Dr. Pope of Derby, who attended as a deputation from the Northern Homœopathic Association. Dr. Atkin of Hull, and Mr. Phillips of Manchester, had intended joining the deputation, but were unfortunately prevented by other engagements. Dr. Calvert Holland of Sheffield, and Dr. Brereton of Bradford were also present.

The building is of a triangular shape, and contains two lofty and spacious wards at one end, while at the other are the domestic offices and house surgeon's rooms, with a bath room fitted up with hot, cold, shower and vapour baths; also two small rooms, capable of being used as wards should occasion require. The entrance is in the centre of the building, the left hand leading to the lower or casualty ward, the right to the domestic offices, &c. At the back of the building is a piece of ground, at present tastefully laid out as a garden, on which an additional wing, which will complete the architectural design of the edifice, can be built, when such an extension shall be deemed necessary. The building is well lighted with gas, and warmed throughout with hot-water pipes; the ventilation is equally complete.

At present there are only 22 beds; but when the additional wing shall be raised, accommodation will be afforded for 50 patients. As it is intended to restrict the admissions to accidents, and cases of acute disease, the room already provided will, it is believed, amply suffice to meet the exigences of the town for some time to come. To the institution is also attached a self-supporting dispensary, which is now in active operation, and the number of patients daily increasing. Dr. Dunn has the sole medical and surgical control of the institution; he is assisted by W. H. Denham, Esq., M. R. C. S. and L. A. C., as house surgeon.

Such is a brief outline of the rise and progress of St. James' Hospital. Its institution is a bold step, but it is also one which promises much

success; and one which cannot fail to give a powerful impetus to the diffusion of homœopathy, not only in Doncaster and the neighbourhood, but also throughout the country at large. It is, it may be remarked, the first building which has been erected in this country for the purposes of a homœopathic hospital; all our other institutions occupying, at present, what were formerly private dwelling-houses.

To Dr. Dunn too much praise cannot be awarded. Through much opposition of a very questionable character, he has steadily and earnestly gone through with the great work he proposed to himself. As yet the pecuniary support he has received amounts only to £358, a sum which will not cover one-fifth of the original outlay. But now that the building is in full working order, this paltry sum will, we trust, receive speedy and extensive augmentation from all those who have been recipients of the blessings of homœopathy.

For our own part, most heartily do we wish Dr. Dunn success, and we augur much good to homœopathy from his bold and self-denying enterprise.

An Allopathic Non-sequitur.

In Schmidt's Jahrbücher, vol. 74, p. 303, we find the following case and remarks by Professor Julius Clarus, extracted from the Swiss Medical Journal.

"A young girl was treated by the author for obstinate psoriasis with Arseniate of Soda (8½ grains morning and evening). In spite of [we would say *in consequence of*] this treatment, there occurred a violent tertian fever, and that in Lausanne, a place where intermittent fevers never arise. The patient had left her own home, which was a marshy district, six months previously. This case," our allopathic friend goes on to say, "affords us a proof of the inutility of arsenic in intermittent fever, seeing that an affection of this character occurred at a time when the whole organism was under the influence of arsenic."

This little piece of allopathic logic forms an appropriate pendant to that analogous oracular utterance of Prof. Jörg, who having found that nitre had a tendency to produce inflammatory affections of the lungs, sagely inferred that its employment in inflammation of the lungs must be both useless and dangerous; or to Fleming's observation, that Aconite cannot be serviceable in febrile diseases, as its tendency is to produce febrile states. The proverb is undoubtedly a true one which says, "there are none so blind as those who will not see."

New Work on the Homœopathic Materia Medica.

In the Hom. Vierteljahrschrift, Vol. IV, Part 1, Dr. Schneider of Magdeburg announces his intention to publish a new work on the

homœopathic materia medica. The title is "*Manual of Pure Pharmacodynamics*," and if its execution shall at all equal the author's design, we shall not hesitate to pronounce it the most important work on homœopathy published since the first appearance of Hahnemann's Pure Materia Medica. The author proposes to make a scientific diagnosis of each medicine, whereby he conceives that he shall be enabled to put the practitioner in possession of a key to the real pathological knowledge of the medicines, and remove from our system the reproach of being a mere unthinking comparison of medicinal and morbid symptoms. By so doing, he asserts that the choice of the remedy will be rendered more easy and more certain, and that the scientific character of homœopathy will be greatly advanced, and that the enquirer will not, as at present, be repelled from the study of the materia medica by encountering a long and interminable list of apparently unmeaning and unconnected symptoms.

If Dr. Schneider only performs what he promises, we shall hail the work as the greatest boon to the homœopathic student and practitioner. In the meantime we wait its appearance with impatience, and not without some slight misgivings as to the practicability of Dr. Schneider's plan.

New German Homœopathic Periodical Journal.

A monthly Journal, under the title "*Prager Monatsschrift für theoretische und praktische Homöopathie*," is advertised to appear some time this year. It is to be edited by Dr. Altschul, Lecturer on Homœopathy at the Imperial Royal University of Prague, and Physician to the Dispensary there. The prospectus announces that it is to contain provings of medicines, observations from practice, critical reviews, and a feuilleton for news. In the theoretic department, space will be afforded as well to the adversaries as to the partisans of the new system as long as they confine themselves to pure science.

Honours conferred on Homœopaths.

Dr. Chargé, of Marseilles has recently received from the French Government the order of the Legion of Honour, and from Pope Pius IX, that of St. Gregory the Great, in consideration of the services he rendered during the epidemic of cholera in 1849. (*Med. Hom. des Familles*, No. 6.)

Effects of Iodide of Potassium.

A man, 62 years of age, very bilious, and from his youth affected with gout, got from an allopathic doctor for sciatica, two scruples of Kali iod. in four ounces of water, with directions to take morning and night a tablespoonful for a week. After about eight days, there came-on an extremely rapidly growing swelling of the thyroid gland, with some

sensitiveness to the touch, and feeling of oppression ; he was, however, ordered to continue the medicine, and in the second week he got all the signs of endocarditis, oppression, weakness almost amounting to fainting, tumultuous throbbing, intermitting and unequal beats of heart and pulse, tensive pain across the chest ; the right ventricle was chiefly affected, and became gradually dilated [how did he know this ?] ; anorexia and vomiting set in. Several doses of *merc.* 2, and *arsen.* on the occurrence of a fresh outbreak of the violent symptoms almost entirely removed the affection ; *sepia* took away the remainder.

A young, blooming girl, with scanty menstruation, got, on account of a dry, oppressive, painful cough with hooping, whistling respiration, that had lasted some years, and depended upon a considerable swelling of the thyroid gland that pressed inwards and downwards, after a fruitless administration of *phosphorus* and *calcarea*, only four grains of *Kal. iod.* in four ounces of water, half a tablespoonful night and morning. In ten days, the cough and the symptoms connected with it were quite gone, and the thyroid gland was smaller and soft, so that it was no longer troublesome ; but at the same time, this girl, whilst feeling quite well, was emaciated to a wonderful degree. I left her without medicine, and she slowly recovered her flesh. (Dr. Goullon. *Allg. Hom. Ztg.* Vol. 45, p. 63.)

London Homœopathic Hospital.

At the annual meeting of subscribers, held in March, it was announced that contributions were being received for the building fund, to enable a permanent hospital to be erected. Up to the present date we understand that £ 3800 have been subscribed for this purpose, and as this has all been given in less than a month, there seems no doubt that there will soon be sufficient funds in hand to commence a building fit to accommodate 100 patients.

Drs. Rutherford Russell, Severin, Wielobycki and Hill, were duly appointed additional physicians, and Messrs. Searle and Edwards, surgeons, to this hospital.

Comparative table of patients treated at the Hahnemann hospital in 1851-2 & 1852-3.

OUT-PATIENTS—Treated during the year—		IN-PATIENTS—Treated during the year—	
ending March 16th, 1852.	ending March 16th, 1853.	ending March 16th, 1852.	ending March 16th, 1853.
Adults { Males... 1073 Females 1724 ———— 2797	Adults { Males... 1076 Females 1896 ———— 2972	Adults { Males... 90 Females 128 ———— 218	Adults { Males... 97 Females 153 ———— 250
Childn { Males... 581 Females 632 ———— 1213	Childn { Males... 600 Females 664 ———— 1264	Childn { Males... 20 Females 30 ———— 50	Childn { Males... 47 Females 35 ———— 82
Total..... 4010	Total..... 4236	Total..... 268	Total..... 332

PATHOGENETIC AND THERAPEUTIC FRAGMENTS.

BY W. CATTELL.

In the following papers clinical symptoms are distinguished from the pure pathogenetic by being enclosed in brackets, thus [].

(Continued from page 275.)

Morphiæ hydrochloratum.

Morph. hcl.—SYMPTOMS.—Constipation. Intense cephalalgia. tinnitus aurium. [Hemicrania.] Vertigo; sight impaired and feeble; speech embarrassed and incoherent; skin hot and dry; pulse strong and frequent; she can only distinguish one vertical half of the objects before her (as one eye, one arm, &c.) Eclampsia. Hallucinations for many days. Sleep profound and calm, and with pleasant dreams; dry, brown tongue.

Pulsatilla nigricans.

Puls.—Vesication of the skin; irritation of the eyes; inflammation and gangrene (*from the leaves*).

Strontia chloridum.

Str. cl.—Paralysis of extremities; involuntary motions of the head: *in animals*.

Acidum boracicum.

Ac. bor.—Spasms; colic; great prostration and restlessness; fæces soft and mucous. Convulsions, with slow respiration, and cold body. Respiration rapid; pulse accelerated; *in a rabbit*. a 3 ss. (Mitscherlich.)

PATH.—Stomach and intestines highly inflamed.

Acidum tartaricum.

Ac. tart.—Burning sensation in throat and stomach as if on fire; respiration accelerated, then laborious and slow. Great debility, ending in paralysis and slight spasms; *in animals*. (Mitscherlich.)

PATH.—Alimentary canal highly inflamed.

Acidum formicum.

Ac. form.—*Diuresis.*—Acts specifically on kidneys; in a rabbit
PATH.—Blood in large veins brown.*

Potassæ supercitratum.

Kal. spet. — *Citrus limonum.* — *SYMPTOMS.* — *Hæmoptysis.* †
Scurvy. ‡ [Rheumatism; rapid reduction in force and frequency of
 pulse, 6, 8 and 10 beats in 24 hours. Urine previously alkaline
 becomes acid. Poisonous effects of *Hyoscyamus*. Hysterical
 palpitations of the heart. (Whytt.) Jaundice. Pruritus of scrotum
 and penis without perceptible eruption.] Respiration difficult; pulse
 imperceptible; exhaustion; in animals. (Mitscherlich.) [Pulse falls
 from 120 to 75, small.] Pulse weaker, compressible, 70. Feeling
 of general depression. Pulse 66, very small and compressible.
 Urine acid; increased specific gravity, 1,017, with deficiency of
 lithic acid. Urine *copious*, acid. [Articular rheumatism.] §

Acidum aceticum.

Dub. Med. Press. Oct. 1847, p. 234. Journ. de Ch. Med. 1845.
 p. 654. Hébréant Courvisant's Journ. Med. xxxiv, 225. Portal
 L. Med. Gaz. N. S. II, 175. W. S.

Ac. Acet.—*CLINICAL.*—Diarrhœa in phthisis? Chronic pneu-
 monia? Croup. *Tuberculous phthisis*? Cancer of the stomach?
 Tabes? Gastrodynia.

Ant. Tobacco.

SYMPTOMS.—*GENERAL.*—Great debility and spasms. Paralysis.
 Leanness. He rolls about in agony. He lies on the ground wri-
 thing in excruciating agony. *Hydrophobia.* || (Leon. de Padua.)
 Prostration of strength. Loss of plumpness. Violent convulsions.
 Sense of oppression and heaviness. She wasted away. Convul-
 sions and insensibility; weakness of hind legs; pulse irregular and
 feeble (*in dogs*). Atrophy. [Hæmorrhage.] Trembling from head
 to foot. She is unconscious of all around her. Fainting fits.

FEVER.—Flushes of heat in the external parts, with increased
 perspiration. Slow fever, with night-sweats. Cold perspiration.

* Med. Times Sept. 1845, p. 342.

† Med. Times xxii, 243.

‡ Stephens on Blood, 451.

§ Med. Chir. Journ. iv, 529; Lond. Med. Gaz. xviii, 208.

|| Rabies? or dread of dogs.

Profuse perspiration. *Profuse night-sweats*. Perspiration increased. Pulse *very quick* and small, contracted, or diminished. Pulse lowered. Pulse full, 96.

SKIN.—Redness and burning sensation; the cuticle peels off. Skin of hands dry.

HEAD.—Giddiness. Dull pain in forehead. Dull aching in right forehead, at a spot near the frontal ossific centre, externally, and afterwards slightly on left side. Confused dull aching over frontal region. [Nervous cephalalgia.]

FACE.—Great flow of tears. Wildness of countenance; pupils dilated.

MOUTH AND THROAT.—Epithelium of mouth quite white. [Chemical action.]

GASTRIC. — Nausea. *Intense thirst*. Retching. [Eructations fetid. Hiccough.] Heat in stomach, and slight colicky uneasiness in small intestines, as if of approaching liquid diarrhœa. Heat in stomach, and slight hot eructations. Severe burning pain at the stomach, and in abdomen. Gastrodynia. Chronic derangement of gastro-intestinal canal. Scirrhus of the pylorus. (Morgagni.) Depression and agony, followed by pain as of ulcerative gnawing at a spot in the stomach. Sensations as if the contents of the stomach were in a state of ferment, with horrible tormenting agony; he fancies there is an ulcer in his stomach, which seems sore in one spot, with gnawing; he does not suffer pain, but his agony is distressing, preventing his falling asleep, or remaining long in the same position; towards midnight he feels very sick and vomits some thick gruelly substance, which relieves him, and he then falls asleep. In the morning the ejected substance is seen to be yellow, thick matter, *like yeast*, without froth or bubbles, and in quantity about three tablespoonfuls—unfortunately it was not more minutely examined. The depressing agonizing feeling still continues throughout the second day, and is removed by Tobacco. (W.C.) Abdomen *distended*; great pain at scrobiculus cordis.

FÆCES.—Liquid diarrhœa. [Diarrhœa of phthisical subjects.]

URINE.—Urine *increased*. The secretions smell of the drug. [Urine cloudy.]

LARYNX.—He can scarcely speak. [Foul breath.] Dry cough becoming moist. [Bronchial hæmorrhage.] *Croup*; hissing respiration, with rattling in the throat; lining membrane of windpipe is

found covered with a fibrinous membrane exactly as in true croup. [Hoarseness from irritable larynx.]

CHEST.—Respiration difficult, feeble. Respiration *hissing*. Dry cough becoming moist; slow fever; difficult breathing; her body wastes; night-sweats; swelling of the feet and legs, with diarrhoea; *tubercles* in both lobes of the lungs. Severe burning pain in chest. Chronic inflammation of the lungs. (*Scindelin.*) [Hectic symptoms of phthisis.] Respiration hurried, laborious.

TRUNK AND EXTREMITIES.—Swelling of the legs and feet. Lassitude in the limbs.

PATH.—Gastric mucous membrane near pylorus almost black; mucous glands prominent; the vessels filled with coagulated blood; tunica propria of intestines brownish-red, and softened. Both lobes of her lungs are filled with tubercles, somewhat like a bunch of grapes. False fibrinous membrane in the larynx.

Allium cepa.

All. cep.—**SYMPTOMS.**—Increased expectoration. Urine *increased*, and smells strong. Headache. Dull, aching, heavy pain in the forehead. Great thirst. Flatulence. Eructations like hydro-sulphuric acid. Feverishness. [Suppression of urine.] Fæces smell strongly, somewhat like Sulphur. Scorbutic complaints?

Allium sativum.

All. sat.—**Piles.**—[Quartan fever.] (*Bergius.*) [Dropsy.] (*Sydenham.*) Flatulence; thirst and feverish heat; increased expectoration. [Scorbutic complaints?] Urinary calculus? Increased secretion of urine. [Ague. Indolent tumours and boils. Expulsion of lumbrici.] Blisters and reddens the skin.

These two plants may possibly be found but slightly to differ in intensity; in that case it were better to retain the *A. sativum*.

Hagenia abyssinia.

Hag.—*Brayera Anthelmintica*; Kousso (flowers). See description, &c. in Pharm. Journ. July /50. Ranking Abs. xii, 91.

CLINICAL.—*Tænia*.

SYMPTOMS.—**GENERAL.**—Extreme prostration. Rapid prostration of strength.

HEAD.—Cephalalgia.

FEVER.—Slight sensation of heat.

GASTRIC.—Nausea. Vomiting. Thirst.

FÆCES.—Watery diarrhoea.—Expulsion of lumbrici,—of *dead tænia solium*, and of *bothro-cephalus latus*. Prolapsus ani. Stools loose and dark.

URINE.—Increased secretion of urine. Diuresis, followed by scanty urine.

CATAMENIA.—Miscarriage.

Hura braziliensis.

Hura.—*Hura crepitans*, Assacou, Oassacu, &c. (Euphorbiaceæ).—**SYMPTOMS.**—Blindness from touching the eye (milk). Sense of warmth and scalding in mouth and throat. Very debilitating diarrhoea. Liquid, painless diarrhoea, flowing constantly whenever he moves. Used in *lepra tuberculosa*, or elephantiasis. *

Conium maculatum.

Con.—**SYMPTOMS.**—Complete atrophy of mammary gland, leaving a flaccid, bag-like skin. Wasting of the breasts. Painless loss of power in inferior extremities; gait faltering, vacillating; he *staggers* as if drunk, dragging his legs after him; the arms when lifted fall like inert masses, and remain immoveable. Complete *paralysis of inferior extremities, afterwards of the upper*; or the reverse. Amaurosis. Tickling in the armpits excites no motion in the arms. Loss of deglutition. Ineffectual efforts to vomit. Slight occasional movements of left leg. Respiration ceases; pulse continuing to beat, with sensibility entire. Dryness of throat and constriction. Pains and swelling in her joints and numbness after exposure to cold and wet; gritty sensation in her joints when moved; partial loss of power on moving them; cannot raise her hands to her head, or extend her legs; knees and elbows much swollen; hip joints almost immoveable.

PATH.—Unusual quantity of blood in vessels of scalp and cranial sinuses; slight serous effusion beneath arachnoid membrane, and into ventricles; numerous bloody points in substance of brain. *Lungs* intensely gorged with dark red fluid blood. Heart contains some clots of blood; blood generally dark and fluid even in heart, and large vessels. Mucous coat of stomach much injected, especially at cardiac extremity, where were numerous extravasations of

* See Journ. de Pharm. /49; W. C.

dark red blood beneath epithelium over a space about the size of the hand. Intestines partly congested.*

Rhododendron corymbosum.

Rhod.—SYMPTOMS—Delirium. He staggers; tosses his head about and reels; after a short time falls asleep upon his knees; in vain he attempts to rise, but is overcome with sleep for an hour and a quarter, during which he started continually and appeared terrified, but awoke cheerful. Nausea. Tingling in the gouty parts, and abatement of the pain; pulse *reduced to 38 beats*. Uneasy creeping sensation in the diseased parts. Stool copious, black, fetid. [Chronic rheumatic pains. Severe fit of gout.]†

Senna.

Sen.—Universal swelling; lips livid; very violent *dyspnœa*, threatening imminent danger; *in three children.*‡

Ranunculus.

R. acris.—Inflammation in the palms of the hands (from handling it). Mouth sore and blistered (from eating it).

R. flammula.—Inflammation and blistering of the skin (from its application). Instant vomiting.

R. repens.—They fall suddenly down as if struck by lightning; their eyes rolled in the sockets; breathing dull and laborious; and some of them kept turning round and round as if dizzy, and died with their heads inclined over the flanks (*in some sheep*). The *antidote* used was *ether sul.*, under which the symptoms disappeared, but the sheep were for some days feeble, and tottering on their legs.

Rosmarinus officinalis.

Rosm.—Headache and vertigo; sleeplessness; difficulty of respiration, and cold chills; miscarriage; labour with convulsive flooding; fœtus stillborn; a. 5 days: in a delicate woman during fifth month of pregnancy.§ [Glandular affections. Nervous atony.]

* Ed. Med. Sur. Journ. /45, p. 169. Gaz. des Hop. Nov. /47.

Med. Gaz. viii, p. 126.

† Pallas. Fl. Rossica. fol. 45. Pharmacologia 687. Steph. Med. Bot. ii, 80.

‡ Lancet /46, i, 28.

§ Lancet 1842-3, p. 684.

Iris florentina.

Iris fl.—Violent headache and giddiness; on awaking in the morning, pain in the throat, with heat, like that produced by Canth., (in two girls from perfuming their hair.) Complete paralysis of right side for five hours, in the younger of the two. Diarrhœa. (*Aumont*, Acad. de Sc., Paris.)

Helleborus fœtidus.

Hell. fœt.—The hair falls off, also the nails from fingers and toes. Scarf-skin peels off the whole body. Profuse discharge from an ulcerated surface (from application). Excoriation of the mouth and throat. Sickness; swooning; violent purging and vomiting, with pain in the stomach: fatal convulsions.

Helleborus niger.

Hell. n.—Cold sweats; vomiting of a greenish, slimy substance.

Veratrum album.

Ver.—SYMPTOMS.—Vomiting of bloody mucus, and cold sweats. [Gout.] Flooding, irrestrainable. Abortion. Bloody stools. Epistaxis.*

Acidum hydro-sulphuricum.

CLIN.—Typhoid fevers?

Ac. h-sulph.—SYMPTOMS.—Extreme exhaustion and depression; low fever and delirium. Giddiness and general debility. Face pale; lips violet-coloured; eyes sunk, with dark areolæ round them. Muscular system flabby and emaciated. Sense of weight in epigastrium, and in region of temples. Nausea. Sudden weakness, and loss of motion and sensation. Coma; tetanus with delirium, preceded by convulsions, or pain and weakness over the whole body. Skin cold; pulse irregular, and respiration laboured. Diffused pains in abdomen. Blood brownish-black. Convulsions. Sickness and debility.

PATH.—Lungs, liver, and organs generally, distended with black liquid blood. Great congestion about right side of the heart. Muscles dark coloured.

Potassæ sulphatum.

Kali sul.—[Chorea in 13 cases.] Intense pain in abdomen and

* Pharmacologia, p. 716.

stomach; cramps in the arms and legs; nausea and vomiting; a. 5 scruples, shortly after her lying-in.

PATH.—Mucous membrane of stomach and intestines pale; valvulæ conniventes reddened; stomach contains a large quantity of reddish liquid.*

Potassii bromidum.

Kal. br.—**SYMPTOMS.**—(a ʒiij—ʒv dose ʒ. ii—ʒ. xx in 15 days.) —Dull headache; peculiar stupor, and irresistible tendency to sleep, interrupted by a strange kind of delirium, differing from that of other narcotics. Stupid incoherence as in idiocy, with occasional hallucinations. Rapid decline of muscular strength and of general sensibility. Total insensibility (rarely). [Ascites.] *Insensibility of pharynx and velum palati* (on second day, and afterwards continued); tickling does not excite efforts at deglutition. Urine increased. Diarrhœa. [Enlargement of *spleen* and liver. Swelling of lymphatic glands.] Convulsions. Torpidity of genital organs. [Frequent pollutions from ardent imagination.] †

Potassii ferrocyanidum.

Kal. fcy.—**SYMPTOMS.**—Pulse soft, less full and frequent. Ptyalism, with redness, swelling and tenderness of the gums. Vertigo, coldness and numbness, with sensation of sinking at stomach; occasional universal tremors as in ague.‡

Potassæ hypochloritum.

Kal. hycl.—**SYMPTOMS.**—Convulsions and insensibility. Burning pains in fauces and œsophagus, as far as stomach. Deglutition difficult, with pain in region of larynx, epigastrium and umbilicus. Headache and heat of skin. Membrane of lips, mouth and fauces blanched (chemical effect).

PATH.—Layer of tenacious mucus on pharynx.

Potassii iodidum.

Kal. i.—See Gairdner on Iodine, Lond. 1824. Med. Gaz. 1839-40,

* Med. Times ix, p. 176. Prov. Med. Surg. Jour. Oct. 1841. Ann. d' Hygiène Av. 1842. See also Mem. Acad. Nat. Cur. 1672. Saboux, Jour. de Med. t. 62. Moritz Jour. de Pharm. March 1843, and Med. Times vii.

† Huette Gaz. Medicale, xxiii, Williams' Elements of Medicines i, p. 338.

‡ Amer. Jour. Med. Sc. xv, p. 362.

ii, p. 589,—1840-1, ii, p. 911,—1842-3, ii, p. 24. Judd on Urethritis, Lond. 1836, pp. 407, 533. Lisfranc Annuaire de Therap 1845. Hanck, Schmidt's Jahrbuch 1845. Rev. Medic. Oct. 1846. Pelizzari Gaz. Toscana dei Scienze Med. Record in L'Experience. Br. Amer. Jour. July 1847, p. 234. See Devergie Méd. Lég. ii, p. 536; Guy's Hosp. Rep. N. S. vol. vi, p. 189.

SYMPTOMS, GENERAL.—Chiefly in affections of *cachectic* subjects, seldom in irritable, strong persons. *Hæmorrhages*, pulmonary and intestinal. [*Nocturnal* pains] Symptoms aggravated at night, when some of the pains appear, preventing sleep. He seems intoxicated. *Subsultus tendinum*. Syphilitic nodes and caries of bones. *Rheumatism*; syphilitic, and mercurial. *Debility* from syphilis. *Exostoses*, even long-standing and voluminous. *Periostitis*. *Caries*, old-standing and distressing. *Bone pains*, mercurial or syphilitic. Tertiary ulcerations of soft parts. **TERTIARY symptoms.**—*Secondary* symptoms:—Syphilitic pustular eruption on upper lip and nose; squamous long-standing; extensive eruption, and with ulceration; obstinate pustular eruption; furuncular eruption, of syphilitic nature; ophthalmia, with numerous pustules and copper-coloured eruptions; ulcers on scrotum (syphilitic); orchitis and ulceration of scrotum; chronic pharyngitis, of syphilitic nature; syphilitic pharyngitis; obstinate vegetation on glans penis (Payer). Affections of long-standing. Sufferings from abuse of Mercury. *Acute hydrocephalus*, with strabismus, laboured respiration, and convulsions; or with paralysis of right side, dilated, immoveable pupils, limbs of left side in constant tremulous motion, the hand being often drawn to the head with an undulatory, automatic movement, occasional convulsions, and almost entire insensibility.] Violent shivering fit, followed by headache, hot skin, intense thirst, pulse quick and full, vomiting and purging for several days. Great prostration (a. 12 gr.) Great difficulty of breathing; discharge from eyes and nostrils; conjunctiva inflamed; (a. 5 gr.) (*Erichson*). Dryness and irritation of fauces; great difficulty of breathing; (a. 7½ gr.) Severe headache, and secretion of tears; (a. 30 gr. in divided doses.)

FEVER.—[Hectic fever and colliquative sweating.] Perspiration. Violent shivering fit, followed by hot skin, headache, and intense thirst; pulse quick and full. Pulse increased, quick and vibrating.

SKIN.—Eczema. * Eruption like urticaria. Prurigo. [Ulcers,

* Dynamic provings must be our resource to distinguish such of these symptoms as may only have been brought out by the drug, a source of fallacy more important here than in any other pathogenesis.

the vegetations bleed easily, and are unhealthy. Canceroid ulcer. White swelling.] Eruption of small pustules. [Syphilitic eruptions, chiefly of cachectic persons, pustular or squamose.] Erythematous pustular eruption. [Condyloma accuminatum after chancre. Condylomata of long-standing, in cachectic subjects. Ecthymatous eruption. Rupia: Impetiginous eruption; herpetic eruption; eruption simulating acne, are brought out (?) and disappear again. Rupia.] Skin vascular, with sense of heat, redness, pricking or itching. Pustules of pyodermic character all over the body, frequently with intense itching. Furuncular eruption. Papular slight eruption. *Spotted disease of Werlhof* (Purpura hæmorrhagica.) (*Ricord.*) [Furuncular eruption, epidemic, of various sizes, from a small pustule to a large boil; often this latter becomes carbuncular and is generally surrounded by the little pustules.] *

HEAD.—Cerebral excitement; pulse quick and vibrating. Severe *headache, with lacrymation*. Excruciating headache, as of a wedge driven in from between the eyes back to base of skull. Intense headache, and salivation, and sore-throat. [Acute hydrocephalus] (2 cases).

FACE.—[Eruption on the face; subcutaneous cellular tissue swollen, forming small tumours like tubercles. Violent pains in both orbital processes, and across forehead; left nostril ulcerated within and excoriated without, with occasional troublesome yellow discharge which concretes upon it; pallid, leaden hue of countenance; slightly curved concavity down centre of nose, from ulceration of the septum.] Profuse facial papular eruption.

EYES.—Lacrymation. Conjunctivitis, with slight photophobia, and increased tears in both eyes, generally with nasal-catarrh, and increased saline saliva. Conjunctiva injected vascular, tumefied, oedema of adjacent cutaneous cellular tissue. Increased lacrymal secretion; erysipelatous swelling of eyelids, with fever and nasal catarrh. [Syphilitic ophthalmia.] Acute pain in the eyes, and profuse lacrymation. Conjunctiva congested, submucous infiltration and contracted pupils.

NOSE.—Epistaxis. [Ozæna; septum narium almost destroyed. Ulceration of septum. Purulent nasal secretion.] *Coryza*, seldom with sneezing; watery secretion, not becoming purulent or viscid; lacrymation; eyes injected, and slight fever.

* It will here be seen how very closely the modern general practice is allied to Homœopathy.

MOUTH AND THROAT.—Swelling and pain inside right sub-maxillary gland, which is enlarged, with confluent infiltration, especially towards the larynx and trachea; mucous membrane of upper part of larynx, rima glottidis and epiglottis œdematous. Metallic, astringent taste in the mouth, especially on waking in the morning. Very disagreeable persisting taste and dryness in throat. Ptyalism, profuse, less viscid than that from *merc.*; slight inflammation of the mouth, and without tendency to ulcerate. Saliva saltish, and without fœtor. Ptyalism, as of pregnant women. Regurgitation of saliva. Mucous membrane of mouth œdematous. [Chronic pharyngitis.] Sense of dryness, irritation and constriction in laryngopharyngeal region, with or without pricking sensation. Pain in posterior fauces. Disagreeable dryness and irritation in throat; severe spasmodic *croup*; he awakes with aphonia and difficulty of breathing.

APPETITE.—*Anorexia*. Appetite increased; ravenous. Bulimia.

GASTRIC.—Indigestion. Neuralgic pain at pit of stomach. Gastritis, with vomiting and diarrhœa, or with seromucous secretion. Pain at epigastrium. Acute gastralgia; pains at cardiac end of stomach. Enteritis. Effusion into abdomen (peritoneum?). [Inguinal glands swollen, and also from gonorrhœa or chancre.]

FÆCES.—Diarrhœa. Fæces dark. Colliquative and exhausting diarrhœa for some days. Diarrhœa, with vomiting and great prostration of strength. [Syphilitic affection, like cancer, of the rectum.]

URINE.—Urine increased in quantity. Enormous increase of urine. *Diuresis*. Urine first gives a sediment, afterwards clear and straw-coloured. Urine pale yellowish brown, clear, becoming alkaline and turbid, depositing uric acid, ammonia and ammonio-phosphate of magnesia; (sp. gr. 1015—1021.)

GENITALS.—[Gangrenous chancre.] Pruritus. Gonorrhœal discharge reproduced. Acute urethritis (gonorrhœa) exacerbated. [Chronic urethritis, with secretion.] Blenorrhœa urethræ (Ricord *). [Syphilitic ulcers of scrotum. Orchitis and syphilitic ulceration of scrotum. Obstinate vegetation of glans penis.]

CATAMENIA.—Menstruation increased, and accelerated. Tendency to miscarry. Acute catarrhal discharge from vagina and uterus aggravated. [Ulcerated mucous tubercles on the labia. Chancre of the labia. Tumour of the breast.] Congestion increased in fibrous tumours, and hypertrophy of the uterus.

* He explains this effect by its homœopathicity.

LARYNX.—Dry cough, sometimes with frothy expectoration. Violent catarrh. Bronchial catarrh. [Laryngophthisis.] Cough slight, with profuse expectoration. Dyspnoea and hoarseness. Pain on pressing the trachea.

CHEST.—Violent oppression of the chest, and dry cough. Congestion of right lung posteriorly. Hæmorrhage from the lung. Respiration very difficult. Pain in chest and both eyes; hoarseness; cough and difficulty of breathing; characters of respiration those of subacute bronchitis.

TRUNK.—[Necrosis venereal of bones of extremity, femur, tibia and phalanges. Severe mercurial nocturnal pains in shins, periosteum tender. *Thickened periosteum* on left tibia, half way down; ankles swelled every evening; and on left ulna, with severe nocturnal pains. Periostitis of anterior superior part of tibia, red, and smooth surface very tender to the touch; countenance expressive of great distress. Syphilitic pains in shins, and effusion into synovial membrane of the knee, with nocturnal pains.] Intense pain in the side(?) whence issues a continuous stream of clear fluid.

Potassii cyanidum.

Kal. cy.—**SYMPTOMS, GENERAL.**—Inability to stand. Loss of consciousness. General relaxation and weakness. General *convulsions*; eyes fixed, and limbs contracted. [Acute rheumatism in the articulations.]

HEAD.—Severe pain in the head. Vertigo and sense of weight in the head. Great pain at back part of head. [Neuralgic headache. Torturing neuralgic pains in orbital and supra-maxillary region, recurring daily at the same hour, with much flushing of that side of the face. Agonizing attacks of neuralgic pains between temporal region and ciliary arch and maxilla, with screaming and apparent loss of sensibility, as if struck with apoplexy; pulse 84; face flushed. Severe neuralgic pains in temporal region and left upper jaw, daily at 4, increasing till 10, and ceasing at 4 P.M., in this interval, anorexia, fever, headaches, &c.]

FEVER.—Surface cold. Skin reddened. Restless night. Sleep broken.

FACE.—Vision indistinct. Eyes *fixed*; pupils dilated. Rushing sound in the ears. Sense of constriction in throat.

GASTRIC.—Nausea. Strong sense of choking in trying to swallow fluid, followed by copious vomiting.

CHEST.—He cannot take a deep inspiration, yet he has no definite pain. Respiration *slow, difficult*. Abdominal respiration (in animals). [Dulness on percussion; respiration feeble, mixed with crepitus and bronchial râles, on right side below clavicle; troublesome cough preventing sleep at night.]

TRUNK.—Ulcers on dorsal surface of hands; skin about the joints fissured, with oozing of blood, the inflammation extending to the nail and its root. Ulceration of the soft parts down to the bone of hands, with great pain. Spasmodic tetanic stiffness of trunk and limbs. Shuddering of the limbs.*

Potassæ acetatum.

Kal. ac.—**SYMPTOMS.**—[Venereal urethritis, with acid urine and intense scalding.] Diarrhœa. Urine much increased in quantity, and very watery. [Articular rheumatism. Pericarditis, with effusion. Rheumatism; urine contains a large quantity of lithates.] Dropsy. (?) Griping. [Lepra vulgaris.] †

Potassæ chloratum.

Kal. chl.—**SYMPTOMS.**—[Ascites. Anasarca, sequela of fever.] Convulsions and delirium. Gums reddened. [Dropsy. Chronic scorbutus. Scurvy.] ‡

Potassæ nitratum.

Kal. nit.—**SYMPTOMS.**—Copious urine. Severe pain in abdomen and violent vomiting (a. ʒjss). Copious fæces and frequent excessive sweat. Nausea and vomiting with purging; facial muscles convulsed (Orf.) (a. ʒj). Sense of coldness in course of spine; limbs trembling, with violent vomiting and purging. Pulse weak and convulsed; respiration laborious; extremities cold; sensation of burning heat and severe pain in epigastrium. [Arthrodynia in several joints. Acute rheumatism, with *endo-carditis*.] *Diabetes*, passing a gallon of urine containing *sugar*, every night. Fibrine of blood increased;

* Journal de Sc. Med. t. iv. Caspar's Wochensc. 1845, p. 657. Ann. de Hygiène, 1843, i, p. 412. Gaz. des Hop. July 1847, p. 374. Med. Gaz. viii, p. 731. See also Lancet, Jan. 1843.

† Monthly Jour. (Cormack) May 1850. Med. Times, Oct. 1849, p. 633, &c.

‡ Mérat Dict. Mat. Med. Stevens on Blood, 155. Duncan's Annals, p. 1797. Rolles' Cases, 504, &c.

blood buffed and cupped. [Acute inflammatory rheumatism.] Stools bloody, in two cases (a. 3j). Copious frequent sweat.

PATH.—Stomach highly inflamed near pylorus, of gangrenous character. Large quantity of liquid, coloured by blood, in the stomach; bloody mucus in stomach, lining membrane brownish red, generally inflamed and detached in parts. (Geogegan.)*

Potassæ arseniatum.

Kal. ars.—**SYMPTOMS.**—Neuralgic pains. Weariness. Aggravation from a slight cold.

MENTAL, &c.—Agitation and alarm.—**Dementia.**—Sight dim. Conjunctivitis. Conjunctiva injected; or *glassy*. Submaxillary glands swollen and tender. Constriction of the throat.

GASTRIC.—Pain at epigastrium. Gastritis. Mucous irritation of the stomach. Severe colic, vomiting, and general prostration of strength. Violent *diarrhæa*.

GENITALS.—*Pruritus*; and with papulæ on scrotum. [Cauliflower excrescence of os uteri, with flying pains, pressure below os pubis, and stinking discharge.]

TRUNK, &c.—Palpitation. Trembling of the limbs; limbs swollen. Inflammation of tarsi. [Varicose veins of legs. *Psoriasis*, with papular eruption (lichen simplex), and troublesome itching, especially at night, preventing sleep; fine scurfy appearance as the lichen disappears. Ulcers on the legs, with general psoriasis.] Great weakness and partial paralysis of upper and lower extremities, with burning pains in the feet.

FEVER, &c.—Febrile heat with lassitude. Flushes of heat. Restless nights.

SKIN.—Desquamation of cuticle. [*Lichen confluent* over whole body, except face, palms, and soles, and part of chest; the rest studded with papulæ, particularly distinct about outer sides of thighs, arms and back; they are covered with very minute flimsy whitish scabs, causing a powdery appearance of the skin; head very scurfy; hair crisp and dry; often irritation in the skin, which becomes reddened and cracked, particularly about bend of arms and knees, (hereditary from father). Dry chronic *eczema*; the skin of arms thicker and rougher than natural, covered with flimsy exfoliations of epidermis;

* Lond. Journ. Med. N. S. I, p. 309. Lancet, Nov. 1848, p. 588. Med. Times viii, p. 63. Ed. Med. Surg. Jour. xiv, p. 34. Taylor's Med. Jurisp. 130. Casper's Wochensc. xviii, 741.

very irritable itching and tingling when she gets warm ; intensely fissured about bends of elbows and wrists ; occasional exacerbation, with eruption of distinct vesicles ; languor and lassitude ; pale, sallow complexion ; catamenia irregular. Patches of psoriasis on back, arms, and spreading from elbows, and anteriorly on legs, size of a crown-piece, and indolent. Lepra. *Psoriasis* ; scaly itchings, causing him to scratch till an ichorous fluid discharges, forming a hard cake over the part. Discoloration of skin after psoriasis and lepra.] Ecthyma. Pustular eruption. Faint pityriasis all over covered parts, which are dirty brown, or dingy, and have an unwashed appearance. [*Psoriasis* in numerous patches, with great itching. Psoriasis (the patches becoming more active, scale off, and are replaced by smaller, they leave beneath them a red skin.)]*

Potassæ bichromatum.

Kal.bich.—**SYMPTOMS**—Face very pale and cadaverous, and covered with cold sweat ; pupils dilated and fixed ; pulse exceedingly feeble ; cramp in calves of legs ; occasional vomiting, with violent epigastric pain ; almost complete insensibility. Vomiting of thin, glairy fluid (of a pinkish colour). Milk is ejected (pink), and with very sour smell. Burning pain at pit of stomach ; sense of dryness and heat in throat, with excessive thirst. Retching, with straining. Pulse accelerated, rather full, 100 (reaction ?). Very severe gastro-intestinal inflammation, with severe cramp in various parts of the body, chiefly calves of legs and inner parts of thighs ; skin hot and dry ; cheeks flushed ; countenance anxious ; pain in the head ; pulse 120, hard and full ; respiration rapid ; epigastrium and abdomen very painful, not bearing the slightest pressure ; constant straining and retching. (*Calomel and opium and venes* :) Blood buffed and cupped. Cold clammy skin ; face pale ; eyes sunk ; feet and hands cold ; pulse scarcely perceptible ; abdomen swollen and tender ; violent purging, almost incessant, of mucus and blood ; frequent twitches in muscles of calves of legs ; thirst excessive ; stools containing feculent matter ; abdomen very tender in region of sigmoid flexure ; ulceration of the bowels. Considerable emaciation, and urgent dyspepsia. Bowels habitually costive (reaction ?)†

* Lancet, May 1849, p. 559, &c. Prov. Med. Surg. Journ. Aug. 1848, p. 459. Med. Times. xii, p. 390. Med. Gaz. iii, 525.

† Guy's Hosp. Rep. 2nd series, vii, p. 217.

*Potassii sulphidum.**Kalium s.*—[Itch eruption in children.]*Potassæ oxydum.*

Kali.—[Obesity. Cervix uteri contracted, strictured.] Severe pains in epigastric region, and nausea; general coldness; face pale, and expressive of intense suffering. Slight perspiration, and black stool. The tongue and back part of mouth throw off a very thick, tough membrane; (a. two days.)*

Haricot bean.

Severe scurvy (throughout a prison in France where it was substituted for potatoes).†

Helianthus annuus.

Hel. (Semina).—Glowing heat in throat and stomach. Countenance anxious; eyes suffused; face deeply flushed; skin generally of scarlet redness, and very hot. Pulse 110, full, soft, compressible. Respiration rather difficult and hurried. Tongue and fauces very red, and inclined to dryness. Voice hoarse; mind clear. Severe burning sensation in fauces, œsophagus and epigastrium. Tingling of skin. Headache; nausea; thirst; stiffness and dryness of throat, and difficult articulation. Vomiting.‡

* Br. For. Med. Rev. iv, 240.

† Lancet.

‡ Gaz. Med. de Paris, Feb. 1841.

§ Encycl. Med. de Lartigue.

(To be continued.)

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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

MEMORABILIA OF HOSPITAL PRACTICE,
BY DR. DUDGEON.

THE great opportunities of observing the course of disease and the effects of our therapeutic agents afforded by hospital practice, render it almost imperative on those who enjoy such opportunities of observation to communicate to their professional brethren some at least of the results of their experience. I consider it to be one of the duties connected with the acceptance of the post of medical officer to a public hospital, to render from time to time an account of our stewardship, so that the advantages of the institution may not be limited merely to the poor recipients of its bounty, but that medical science may likewise profit by the experience there acquired. I do not however expect that the few notes of practice I am now about to register can be of any service to my colleagues, or can instruct them on any point connected with their practice; I am not vain enough to suppose that any observations of mine could throw any new light on the difficult and perplexing questions that engage their attention. It will suffice for me, if in the following cases they find some corroboration of their own experience, for so difficult is it to be assured of medical facts, so much is the *propter hoc* confounded with the *post hoc*, and so entirely are our certainties made up of reiterated probabilities,

our best ascertained *propter hoc*s of repeated *post hoc*s, that he who does no more than repeat in his own experience the experience of others, confers a benefit on these others by increasing the certainty of their conclusions. But my chief object in recording these few notes is, by the force of example, to induce others who possess still greater advantages, and who are more capable of turning them to account than I am, to furnish their medical brethren with the results of their experience, whereby it is to be hoped that something more than a mere repetition of previous observations may be obtained, that new ideas and new practical rules may be struck out which shall serve to diminish the present uncertainties of therapeutics.

The first series of cases I shall record are the various cases of ophthalmia I have had in the hospital. I give them all, because though I can scarcely say that any one of them is by itself of much importance or interest, yet in the aggregate they will be found to shew the advantages of homœopathic and hospital treatment.

I. *Ophthalmia scrofulosa.*

Anne Wood, aged 20, admitted January 12, 1853. Constitution highly strumous. Has been under treatment for some time for swollen cervical glands. The left cornea is hazy from the effects of corneitis four years ago. Three days since the right eye became affected. The inflammation has increased rapidly, and dreading the effects of it upon this eye from former experience of the left eye, she sought admission to-day, which was accorded to her. There is great pain of an aching character in the right eye, much inflammation, photophobia, and great flow of tears; the lids also are inflamed and swelled. The cornea shews a commencing phlyctenula on its outer border. *Bell.* $\frac{2}{3}$, $\frac{1}{6}$ th 6 h.

15th January.—The inflammation is almost gone; she can open her eye freely, and the vascularity is scarcely perceptible. The lids only are still a little swollen, giving the eye a smaller appearance than the sound one.

20th.—She was to-day discharged cured; but was readmitted on the

26th, on account of a return of the inflammation in the right

eye. It is now as bad if not worse than before. The aching pain is excessive, the photophobia very great, and the lachrymation profuse. The seat and colour of the redness, as also the direction of the vessels, and their great tenuity, shew the sclerotic to be the tissue chiefly affected. The upper lid is also inflamed. *Bellad.* $\frac{2}{3}$, $\frac{1}{4}$ th 6 h.

29th.—The eye is much better, as to the appearance, pain, photophobia, &c., but it still waters much. *Arsen.* $\frac{3}{6}$, $\frac{1}{4}$ th 6 h.

2nd February.—Quite well; discharged. Since that date I have seen the patient repeatedly, and she has had no recurrence of the inflammation.

II. *Ophthalmia scrofulosa and crusta lactea.*

Charlotte Bailey, aged 6, was received as an in-patient on the 27th April, 1852. According to her mother's account she has been suffering for some weeks from her present affection. Both eyes are closed up by great swelling and inflammation of the soft parts surrounding them; it is impossible to open the lids so as to obtain a sight of the eyes. The face is very much covered with a raw looking excoriated eruption. The child had before admission been treated by the application of poultices to the face and eyes, whereby the eruption on the face, which had formerly been scabby, was transformed into this raw exuding surface. I had the poulticing discontinued, and prescribed *Viola tricolor* $\frac{6}{6}$, $\frac{1}{4}$ th every 6 hours.

5th May.—The eyes are both open, and very little inflammation is noticeable in their conjunctiva; the redness and the swelling are much diminished. The eruption has resumed its original scabby appearance; it extends up to the forehead and round to the right ear. Continue med.

12th May.—Last night feverish symptoms came on. The skin to-day is hot and dry; the tongue red; there is no appetite; some complaint of headache; great restlessness; pulse 110. Prescribed *Aconite* $\frac{1}{3}$, $\frac{1}{4}$ th every 3 hours.

15th.—She is much better. All the fever is gone; the appetite is good; she sleeps well; the eruption is drying up; there is considerable itching round the eyes.

Viola tricolor $\frac{6}{6}$, $\frac{1}{4}$ th 6 h.

She continued to improve. The eruption gradually went off; the eyes gave no trouble, and on the 23rd she was discharged quite well in every respect.

There is nothing very remarkable in the above case. The ophthalmia was sympathetic to the extensive eruption on the face, and declined as this went off, which it did very satisfactorily under *viola tricolor*, a medicine that is too little used in such complaints. However this case may serve as the text for a commentary on the bad effects of applying constant poultices to facial eruptions, and above all to the eyes of those affected with strumous ophthalmia, a practice, I may say, much too common even among homœopathists. I have often had patients whose previous medical attendant, (not unfrequently a homœopathist) had thought to benefit their scrofulous eyes and ulcerated corneæ by constant poulticing. It may be laid down as a rule, that the eyes in ophth. scrofulosa invariably demand a free access of air for their cure, which is utterly impossible, if they are kept covered with poultices.

III. *Ophthalmia scrofulosa, ulceration of cornea.*

Elizabeth Kent, aged 12, admitted August 16th, 1852. Three months ago she caught cold, and was seized with inflammation of the left eye. The sclerotic and conjunctiva are much inflamed, and there are two ulcers on the cornea near its edge, one on the inner the other towards the outer side. There is great lachrymation, and violent shooting pain in the eye. She has been an out-patient for two months, but as she got no better, I conceived that there must be something connected with the situation of her dwelling, or the kind of her food that prevented her recovery. I gave her *Merc.* $\frac{3}{4}$, $\frac{1}{16}$ th 8 h., and put her at once on half-diet.

18th.—She complains much of the shooting pain in the eye, and there is no apparent amelioration. *Bell.* $\frac{2}{3}$, $\frac{1}{16}$ th 4 times a day.

This was continued till the 25th, on which day, there being no change for the better, I gave *Ars.* $\frac{2}{3}$, $\frac{1}{16}$ th 12 hours.

28th.—Decidedly better, but the sclerotic is still somewhat inflamed; the ulcers have not such an excavated look, but are evidently filling up. Continue med.

1st September.—Very much better. The inflammation nearly gone; the ulcers healed. Continue med.

4th.—Nearly well. No med.

9th.—Dismissed cured.

The advantage of an hospital in treating such cases as this, where insalubrity of abode and insufficient nourishment tend to keep up the disease is obvious. Unhealthy situation and bad food are the two most active agents in the production of scrofulous diseases, and the best medical treatment will often fail to produce the slightest effect as long as these two exciting causes are present. I remember curing a little half-starved Irish girl who had very severe scrofulous ophthalmia, and who had been long treated by me in vain, by means of a judicious administration of soup tickets; and it is quite possible that the cure of the above case may be in great measure owing to the favourable circumstances in which she was placed in the hospital, contrasted with her own wretched home.

IV. *Ophthalmia scrofulosa, ulceration of cornea.*

Mary Saker, aged 27, admitted August 18th, 1852. Has been an out-patient since 23rd of June, for ulceration of the left cornea. She is very subject to the formation of hordeola on the lids. Four months ago the left eye became inflamed and very painful. The pain she described like the pricking of needles. An ulcer formed on the external side of the cornea, and still exists there, it is excavated with elevated edges. There is much watering of the eye, inflammatory injection, and photophobia. I prescribed *Arsen.* $\frac{5}{12}$, $\frac{1}{8}$ th 6 h.

21st August.—The eye is considerably better. Continue med.

25th.—A slight increase of the inflammation; there is to-day considerable pain and lachrymation. Continue med.

28th.—No pain; inflammation subsided considerably.

Continue med.

1st Sept.—Although the ulcer has healed up, and nothing but an opacity remains on its site, there is still considerable inflammation of the eye, but very little pain. Continue med.

4th.—The eye is very nearly well. No med.

9th.—A little pain has returned in the external canthus of the eye. *Arsen.* as before.

15th.—No inflammation of the eye remains; the only trace of former disease is a slight opacity of the cornea where the ulcer was. She was discharged cured, with a few globules of Sulphur to take occasionally in order to hasten the disappearance of the opacity.

V. *Ophthalmia scrofulosa, ulceration of cornea.*

Sarah Somers, aged 14, admitted Nov. 22nd, 1852. Eight days ago she says she caught cold, which caused inflammation of both eyes. The right one seems the worst; there are several small ulcers on the right cornea; great photophobia; the eyelids are swollen and inflamed, those of the right eye worst. She complains of great pain in both eyes, and there is plentiful lachrymation. *Bellad.* $\frac{2}{3}$, $\frac{1}{4}$ th 6 h.

24th November.—The inflammation and pain of both eyes and of the eyelids have subsided. There is less photophobia. The bowels are very much confined. *Sulph.* $\frac{2}{3}$, $\frac{1}{8}$ th 12 h.

27th.—The ulceration of the cornea is improving. The inflammation is much less; the eyes still water. Continue med.

1st December.—The eyes are worse to-day; they are more inflamed; the tongue is furred, and the bowels costive.

Bell. $\frac{2}{3}$, $\frac{1}{10}$ th 3 h.

8th.—The right eye has been going on very well, and is now in a much better state, but the left has become more inflamed, it waters much, and she complains of much pain in it. There is a herpetic eruption under the nose. *Merc.* $\frac{2}{3}$, $\frac{1}{8}$ th 8 h.

She continued to improve under this medicine and Nux, which had a good effect on the bowels. On the 15th it is reported that the ulcers were quite healed, and the inflammation gone. For fear of a relapse she was kept in the hospital until the 27th of December, when she was dismissed cured.

VI. *Blepharophthalmia scrofulosa.*

Isabella Logan, aged 12, admitted April 2nd, 1853. For three weeks has been suffering from inflammation of the upper and lower lids of the right eye. Little abscesses form in them and burst. They are red and much swollen, and apparently beset by little hordeola. There is photophobia and considerable

watering of the eye; the conjunctiva is much inflamed. *Puls.* $\frac{2}{3}$, $\frac{1}{4}$ th, 6 h.

6th April.—The patient was going on very well, the inflammation of the lids had subsided much, and the eye had a more natural appearance, when she was seized yesterday with feverishness, sore-throat, headache. The throat is still sore, the tongue dry, and her head aches. Pulse 140. She has no appetite. *Bell.* $\frac{2}{3}$, $\frac{1}{4}$ th, 6 h.

10th.—These fresh symptoms yielded in a couple of days to the *Bell.*, and to day she appears quite well. The inflammation and swollen appearance of the right lids has gone off. She was discharged cured.

VII. *Chronic inflammation of the Cornea, and granular Conjunctiva.*

James Carroll, aged 34, a labourer, admitted October 27th, 1852. States that he has been suffering for a year from inflammation of the eyes. Imagines it was originally brought on by exposure to damp and cold. He has during most of this time been under allopathic treatment, but in place of getting better, has been continually getting worse. He has had on eleven blisters, and nine-and-a-half dozen leeches; has been cupped and bled occasionally; and he is now so weakened as to be unfit for work, even if the state of his eyes allowed him to do it. He states that he has a feeling of gravel in the eyes (by the way, Irish patients generally say they feel as if their eyes were full of "gravel," when other people would say "sand" *). The conjunctiva of both upper and lower lids is highly injected, that covering the upper lids granular. Both corneæ are opaque, vascular, and rough on their upper half. He complains of great and almost constant pain across the forehead and temples. He has great photophobia and lachrymation on attempting to look up. There is also a considerable amount of muco-purulent discharge. Prescribed *Bellad.* $\frac{2}{3}$, $\frac{1}{4}$ th, 6 h.

30th October.—The photophobia is diminished, but the in-

* "Oh heavens," exclaims Launcelot Gobbo, "this is my true-begotten father! who, being more than sand-blind, high-gravel-blind, knows me not." At all events, then, the expression is classical.

inflammation seems much in the same state as before. *Sulphur* $\frac{1}{6}$, 1 $\frac{1}{2}$ th, 6 h.

8rd November.—There is less inflammation; the discharge, watery and mucous, is not so great; and he can bear to open his eyes and look up to the light much better. Continue med.

6th.—Still improving. *Merc. corr.* $\frac{2}{3}$, 1 $\frac{1}{2}$ th, 6 h.

10th.—Rather more inflammation and watering of the eyes to day, but he maintains he is improving. *Bell.* $\frac{2}{3}$, 1 $\frac{1}{2}$ th, 6 h.

13th.—No appreciable difference. *Arsen.* $\frac{2}{3}$, 1 $\frac{1}{2}$ th 6 h.

17th.—Less pain and inflammation; less photophobia; the lachrymation continues. Continue med.

20th.—Better; can look at the light better; less appearance of inflammation; the affected part of the cornea is still vascular, dim, and rough. *Hepar* $\frac{2}{3}$, 1 $\frac{1}{2}$ th, 6 h.

This medicine was continued till the 27th, during which time the eyes continued to improve gradually but visibly, and on that day he expressed a desire to quit the hospital, as he felt able to work, both as regarded his strength and sight.

Though it would have been vain to look for a cure of such a case of chronic corneitis, almost amounting to partial pannus, in less than four or five months, the improvement effected during his month's sojourn in hospital was so marked that there was every prospect of a perfect cure being effected at last; had not the *res angusta domi*, to wit, a wife and children depending upon him for their daily bread, compelled this poor man to quit the hospital the moment he felt able to resume the occupation his failing sight and strength had forced him to give up.

VIII. *Abscess over the lachrymal sac.*

Sophia Earl, aged 7, admitted as an in-patient, August 7th, 1852. At the inner angle of the right eye there is a purplish red swelling surrounded by great redness of the skin. The swelling is so great as completely to close up the eye, which waters a good deal. As it was evident the abscess was about to burst, I ordered a poultice to be applied, and prescribed *Merc.* 3, a dose three times a day.

11th August.—The abscess burst soon after the poultice was applied, and it is now discharging freely. *Merc.* $\frac{6}{8}$, 1 $\frac{1}{2}$ th, 6 h.

14th.—Much better; the swelling and redness have very much subsided, but the discharge of pus from the ulcer formed by the bursting of the abscess continues. *Hep.* $\frac{3}{4}$, $\frac{1}{2}$ th 12 h.

18th.—The ulcer is much smaller, and discharge diminishing.
Continue med.

25th.—The ulcer is almost healed up; the traces of the previous inflammation of the skin are rapidly disappearing; the eye to day is somewhat inflamed. *Bell.* $\frac{3}{4}$, $\frac{1}{2}$ th 12 h.

28th.—The patient was dismissed quite cured.

This abscess simulated that more serious malady, suppuration of the lachrymal sac. Its seat was precisely over the sac, and the deception was kept up by the apparent inability of the punctæ lachrymales to take up the tears, which ran over the cheek. The symptom noticed in the abscess of the lachrymal sac, viz. : the exudation of pus through the punctæ when the abscess is pressed, was however not met with here; and from this and other causes I had no difficulty in determining that it was the result of inflammation in the cellular tissue over the sac, and not in the sac itself. It is doubtful if the medicines administered contributed much to the successful termination of the disease. It would probably have run a similar course had no medicine been given.

These were all the cases of ophthalmia and other affections connected with the eye I considered it necessary to receive into the hospital as in-patients, except a case of traumatic ophthalmia which I shall allude to presently. I have treated besides, upwards of a hundred affections of the eyes among the out-patients, but I do not consider it necessary to allude to many of them. Two or three, however, as presenting very different forms from any above recorded, I shall detail, as I think they illustrate some important points of practice.

IX. *Ophthalmia Neonatorum.*

Henry Carrington, 14 days old, was brought to the hospital on the 7th April, 1852. The person who brought him stated that the eyes were first observed to be inflamed and swollen a week after birth, and that the inflammation had rapidly increased, and for some days past a copious purulent discharge was observed. It is with great difficulty the lids can be separated so

as to obtain a view of the cornea, as the orbicularis muscle immediately everts them, and displays a large fleshy mass of inflamed and swollen conjunctiva. The child's general health seems to be unaffected by the disease. I prescribed a collyrium formed of gr. ij. of Nitrate of silver to ʒ ij. of distilled water, to be dropped into the eyes twice a day, and for internal use Argent. nitr. ʒ, a dose every six hours.

April 14.—The eyes are much better; the swelling of the lids is greatly diminished; the discharge is much less, and the cornea can now be satisfactorily seen. They are quite clear and intact. The conjunctiva round them is still swollen, and gives them the appearance of being sunk into it. The little patient has had some cold in the head the last few days, sneezing and running at the nose. To continue the collyrium of Nitrate of silver and to take Cham. ʒ, a dose every six hours till the cold is gone.

April 21st.—The eyes are quite well; free from discharge, swelling, redness, and photophobia. The little patient can open them without difficulty or inconvenience, in fact they are quite normal.

The local treatment of this frequently destructive disease I have already been at some pains to justify, (vol. vi, p. 218) and I have no reason to retract the opinions on this subject I formerly expressed. The natural tendency of this disease is not by any means to terminate within three weeks of its first appearance, indeed I have frequently had children brought to me with the inflammation in all its intensity four weeks and more after its invasion. Only the other day, a child was brought to the hospital with the most severe ophthalmia neonatorum, where the disease had existed that length of time, though for some weeks it had been under allopathic treatment. The absence of symptoms of general derangement, the evident local character of the disease, its probable cause, viz., local contagion, all these circumstances seem to indicate that the local employment of the specific remedy is most consonant to the homœopathic principle, and as we have Hahnemann's authority for the local employment of the specific in the case of those eminently local affections bruises and wounds, we have a concession of the principle of

the local employment of remedies in other local diseases. By the term local disease I of course refer only to such affections as do not excite symptoms of general disturbance either during their continuance or after their removal. Of such a character is the disease under consideration. Unless causing more or less destruction of the deeper structures of the eyes, it is unattended by symptoms of a general character, and in no case that I have ever seen or heard of has its speedy cure been followed by any constitutional disturbance. It is then like a bruise or a sprain, a thing to be got rid of as rapidly as possible, and as I believe the local employment of the specific to be greatly conducive to the quick cure, I never hesitate to employ it in that strength experience has taught me to be the most efficacious. Whether the remarkable rapidity and perfection of the cure in this case was at all attributable to the simultaneous internal exhibition of the specific I shall not attempt to decide, at all events the case as it stands will bear comparison with any I have witnessed under allopathic treatment.

X. Wound of the cornea.

John Winter, aged 8. This boy had formerly been occasionally under my treatment for various little ailments incident to his strumous constitution, but had latterly been in the enjoyment of good health. He is a pale faced not very robust child, with dark hair and very bright dark brown eyes. On the 26th Dec., 1850, as he was running out of the room his sister was entering it with a plate full of knives in her hand. The point of one of these knives entered his eye with considerable force. He was not brought to the hospital until the morning of the 28th Dec., fully thirty-six hours after the accident had occurred. On examining the left eye I found that the cornea had been cut right across, in a downward sloping direction, from left to right, a little above its centre. The aqueous humour had escaped, causing the disappearance of the anterior chamber. The iris lay close to the cornea, and the upper edge of its pupillary margin was protruding slightly through the wound in the cornea. The pupil was contracted, and there was some chemosis of the conjunctiva surrounding the cornea. There was but little pain felt, only some sensitiveness to light.

My first object was to withdraw the iris from the wound in the cornea, which I believed would be best effected by artificial dilatation of the pupil. In order to effect this I smeared the eyebrow and a portion of the temple with extract of Belladonna; and with a view to combat the traumatic inflammation that had already developed itself, I prescribed Arnica 8, a dose to be taken every six hours.

29th Dec.—On examining the eye to-day I found that my expectations were more than realized by the result. The dilatation of the pupil caused by the external application of Belladonna had produced the desired retraction of the iris, a mere point of which was all that was now involved in the incision. The anterior chamber was now again filled with aqueous humour and the iris occupied its normal position, with the exception of the little tack of adhesion before mentioned. No pain was experienced in the eye. In order to try and disengage if possible this small point of iris from the wound, I again applied the extract of *belladonna* round the eye, with directions that it should be washed off at night. The *arnica* to be continued. The small point of attachment of the iris was however not removed by this second application of *belladonna*, but it was of little consequence, as by it vision was not in the least interfered with, and the slight irregularity in the pupil it occasioned could not be detected except by a practised eye.

On the 4th January, 1851, I found the eye looking better. All the chemosis was gone, but there was some slight appearance of vascularity in the sclerotic vessels surrounding the cornea. There was also considerable pain in the eye, and he suffered very much from toothache all night. Fearing some threatening of iritis, I gave *Merc.* 6, a dose every six hours.

8th January.—The eye is still painful and somewhat inflamed, but there is no appearance of iritis. There is however considerable photophobia. I now gave *bellad.* 6, every six hours.

11th.—Pain gone; but the photophobia continues, though there is now no appearance of inflammation; the cicatrix of the wound appears as a white opaque line across the cornea. I repeated the *arnica* as above, imagining that the photophobia might be dependent on the traumatic cause. It was not so, how-

ever, evidently, for this remedy produced no effect upon it after

several days use, and the photophobia now shewed all the signs of being dependent on the strumous constitution of the patient; it was always worst in the morning, and always disappeared altogether in the evening, so that, whereas he preferred to remain in a dark corner in the fore part of the day with his eyes shaded by his hand, in the evening he opened his eyes quite freely, and was able to play about quite comfortably by candle light. This symptom of photophobia was particularly obstinate and troublesome; it continued until the 19th of February, notwithstanding that I gave several remedies which in other cases I had found of use in analagous cases, such as Calc., Sulph., Hepar, &c. On that day I gave *conium* 6, which had an almost immediate good effect, for after a few doses the photophobia went off, never to return. The eye has remained well ever since, the cicatrix of the wound of the cornea is scarcely perceptible, it appears as a faint whitish line extending from edge to edge of the cornea, and at its centre is seen on looking at the eye from the side a slender thread extending to it from the superior pupillary margin of the iris. The sight of the eye is perfect.

This case illustrates the advantage of an auxiliary to the homœopathic treatment, viz., the pupil-dilating force of a considerable quantity of Belladonna, without which, it is evident that a large portion of the iris would have remained involved in the wound of the cornea, and great deformity, if not imperfect vision, have ensued. It was probable that the mass of iris enclosed in the wound of the cornea kept the wound gaping, and thus allowed the escape of the aqueous humour as fast as it was secreted, which might have eventually had the effect of permanently obliterating the anterior chamber, and perhaps causing complete synechia anterior. It was remarkable to observe how quickly the anterior chamber became filled with its proper fluid when the gaping wound in the cornea was allowed to close by the withdrawal of the iris from it, by means of the gentle force exercised during the artificial dilatation of the pupil by *belladonna*. The chemosis subsided rapidly when this occurred, probably assisted by the action of the *arnica*. The photophobia was of that troublesome character we so often meet with in strumous subjects, which will sometimes bother us for

weeks and months, though there is no corresponding inflammation of the eye detectable.

Homœopathic purists might object to this case, that there was no occasion for the employment of the Extract of belladonna endermically in order to disengage the iris from the wound in the cornea; that this might have been effected by a more purely mechanical act, viz., by pushing back the protuded iris with a blunt needle; and they might further allege that the troublesome photophobia was set up by the strong preparation of Belladonna used to effect the dilatation. To this it may be replied, that it is by no means an easy nor a safe task to attempt the operation referred to on the eye of a frightened and nervous child. There is great danger of producing extreme irritation of the iris, and as all the aqueous humour had escaped, it was extremely likely had the hernia of the iris been thus reduced, it would soon again have protruded by the pressure of the ocular muscles on the eye ball. That the Belladonna was not the cause of the photophobia is, I think, satisfactorily shewn by the fact that though the Belladonna was applied on the 28th and 29th December, no mention is made of photophobia until the 8th of January. The strumous constitution of the child was evidently the predisposing cause, as the slight inflammatory action following the wound was the exciting cause of this troublesome complication. Many authorities have stated, and I myself have frequently found that the antiphotophobic power of *conium* is usually merely palliative, here however it was decidedly curative.

Apropos of *conium*, I may remark, *en passant*, that I have found it very efficacious in cases of premature presbyopia. Hahnemann directs particular attention to the probable efficacy of this remedy in the presbyopia of aged persons in his first proving of *conium* in the *Materia Medica Pura*, though he does not specially allude to it in the introduction to the same medicine in the *Chronic Diseases*. I do not myself think it would be likely to be serviceable in the presbyopia of aged persons, but I can vouch for its utility in the morbid long-sightedness of younger individuals.

Another case of wound of the cornea came under my treatment in the hospital last April. The patient was a smart boy

of 14, engaged in a boiler-manufactory. Whilst at his work one of the large bolts used in joining the plates of the boilers, was by some accident projected towards him in a state of red heat. It struck him upon the left eye, and about twenty-four hours after the accident he was admitted into the hospital. The eyelids were much swollen; there was great chemosis of the conjunctiva bulbi, and the cornea exhibited some abrasions and an appearance of cauterization. He complained of pain in the eye, and affirmed that he could not see at all with it; it was, however, evident that he distinguished light from darkness, and there was considerable photophobia to boot. I ordered cold water compresses for the first twenty-four hours alone, but as the inflammation of the globe of the eye did not seem to subside under that treatment, though the swelling of the lids did somewhat, I prescribed *Aconite* 3, a dose every 6 hours. This rapidly removed the chemosis; but there still remained some deep scleritis and some iritis, indicated by the contracted and irregular state of the pupil. *Mercurius* 5 removed this in a day or two, and within the week after his admission he had again returned to his work.

Before dismissing the subject of inflammation of the eye, I may give a case that has recently occurred; one which shews strikingly the advantage of *Aconite* in an inflammatory affection of the eye not of very recent standing.

XI. *Scleritis*.

Alfred Tyrrell, aged 40, applied at the hospital on the 28th May, 1853, on account of his eyes. He is a gold-beater by trade. He says that his eyes have been more or less inflamed for three months, but that they have got much worse the last few days. He has violent aching and shooting pain in the ball of the eye, the light hurts him very much, and he has been forced to give up his occupation for several days, as it was agony to him to look on the bright surface of the gold leaf. There is considerable scleritis; the cornea is surrounded by the characteristic pinkish blush peculiar to inflammation of the sclerotic. The pupils are excessively contracted, and the photophobia extreme.

I prescribed *Aconite* 3, two drops, $\frac{1}{8}$ th every 6 hours.

1st June.—States that he felt his eyes improve after every dose of the medicine. There is absolutely no trace of the previous violent inflammation, and for the last two days he has been back at his work, which now gives him no uneasiness. The contrast in the appearance of the pupils to-day with their former appearance is remarkable: they are now as lively and dilatable as they were previously torpid and contracted.

The efficacy of the homœopathic treatment in diseases of the eyes is corroborated by the great reputation the hospital enjoys among the poor people for such affections. This reputation is attended by some inconveniences, for cases of hopeless staphyloma, complete amaurosis, and even total destruction of the eyes are often brought to us from great distances, and the poor sufferers will scarcely credit the assurance that nothing can be done further, though they may have been already told the same thing at half the eye dispensaries in town.

The next case I shall detail is one of a very different nature, but which very well illustrates the power of the homœopathically selected medicine in a disease of the utmost gravity.

XI. *Anasarca, &c.*

William Powell, aged 46. This man was an employé at the Haymarket Theatre, where he had the superintendence of the wardrobe. His duties kept him occupied every night at the theatre till a late hour, whence he had to walk home, a distance of upwards of two miles. His habits had been rather the reverse of temperate, and he had occasionally applied to me at the hospital, or sent his wife there, on account of little ailments, such as colds and coughs. The last two or three times his wife came to me, which she did at intervals of ten days or a fortnight, I was alarmed by the symptoms she represented to me he laboured under, they were chiefly: total loss of appetite; vomiting of any food he took into his stomach; continual purging; great swelling of the legs, and scanty secretion of urine. I refused to prescribe any longer without seeing him, and as it was impossible for him to come backwards and forwards to the hospital, at his wife's solicitation, I consented to admit him, not without greatgivings as to the curability of his serious symptoms.

He was accordingly brought to the hospital on the 4th of April, 1853, and his appearance was even worse than I had anticipated from his wife's description. His face presented that bloated purple hue so frequently observed in the last stage of fatal diseases of the heart or lungs. His breathing was difficult and quick. The pulse fluttering, very weak, and scarcely countable; the heart's impulse very weak, and the sounds, though not indicative of organic disease, excessively feeble. His tongue was thickly furred white; he had no appetite at all, and vomited everything he attempted to swallow. The bowels were very much purged, the evacuations being small in quantity and watery. The abdomen was distended, and fluctuation could be perceived in it. The legs were very much swollen as far up as the knees, cold and pitting on pressure. The urine was scanty and very high coloured, almost like porter. He coughs a great deal, but cannot succeed in raising any expectoration.

Prescription—*Ars.* $\frac{2}{3}$, $\frac{1}{8}$ th every 8 hours; to have a little beef-tea if he can take it; to remain in bed.

April 6th.—The vomiting and purging ceased the day of his admission into the hospital after a few doses of the *arsen.* He has been able to take a little food and retain it. He however complains of increase of dyspnoea and oppression across the chest, and the abdomen is if anything more distended. The legs, however, are less swollen. The urine is still scanty and high coloured. The impulse of the heart still feeble, and the pulse weak, quick and very irregular. Continue medicine every 6 hours, and other prescriptions.

April 9th.—Better. Legs not so much swollen; dyspnoea now less; sleeps well; urine more copious and less highly coloured. Continue medicine. To have a greater amount of food.

April 13th.—Is very much better. The legs are not the least swollen; the appetite is good; bowels natural; no sickness; abdomen soft and not distended; the pulse is regular and much slower; the dyspnoea, though not entirely gone, is much better; no cough; urine clear and much more copious, and of a lighter colour. To get up. Continue med.

He continued to improve rapidly. The countenance lost the

bloated, purple look it had on admission; all the functions became natural; the tongue clean; the swelling of the legs did not shew the slightest tendency to return when he sat up or walked about the ward; the pulse became full and moderately slow; and on the 30th of April, I dismissed him from the hospital, to all appearance quite well, and stronger than he had been for many a day. I carefully examined his liver during his stay in the hospital, but was unable to detect any material enlargement of it. From the great dyspnoea he experienced when he was first admitted, I suspected there was some dropsical effusion into the cavity of the pleura or pericardium, but I was unable to detect this if it were the case by means of physical diagnosis.

This case is interesting from the apparently hopeless nature of the disease when the patient was admitted, and the rapid recovery of the patient under the use of a single remedy, *arsenic*. A few cases of this kind occurring under the observation of the homœopathic beginner, are apt to induce him to believe that homœopathy is capable of curing all disorders, even such as are usually considered incurable, until a succession of reverses dispels this delusion, and compels him to form a juster and at the same time a more modest opinion relative to the powers of his adopted method of practice. A large number of diseases he will gradually find to his chagrin are and probably ever will be incurable under all systems.

I shall conclude my notes with a disease that does not indeed bear the same character of importance as the above, and never becomes the subject of in-door hospital treatment, but which is met with frequently enough among our patients out of hospital, and the treatment of which by allopathic practitioners is far from being very successful in general.

XII. *Porrigo decalvans*.

28th April, 1852. William Peel, aged six, has for two years past had bald patches on different parts of the head, varying in size from a sixpence up to half-a-crown; not a trace of hair is to be seen upon them. In other respects his health is good. I gave Graphites 12, a dose night and morning for three weeks.

He returned on the 19th of May. The previously bald spots were covered with fine silky-looking hair, which, though still very short and light coloured, gave promise of a good crop. I repeated the medicine as before.

This patient did not return, but I have every reason to believe that the remarkable improvement observed after the three weeks of Graphites, would continue until the hair perfectly recovered its natural strength and thickness. This belief is strengthened by my observation of several similar cases when I was in attendance at the West London Homœopathic Dispensary. The indication for Graphites in this disease seems to be the perfectly smooth shiny appearance of the bald spots. Where there is a scaly appearance of the denuded spots, I have not found Graphites so serviceable as Phosphorus, which has succeeded with me in curing the disease after it had existed a long time. Some time ago I had under my care a young lady of about eighteen years of age, who had been subject to epileptic fits from the age of six. Many years before she came to me all her hair had fallen off, and in spite of all local means tried, not a trace of hair could be made to appear. The head was actually as smooth and shining as polished ivory. The eyebrows and eyelashes were also entirely deficient. I was utterly unable to produce any amelioration of the epileptic fits—she had previously been for many years under several of the most celebrated allopathic practitioners of London without benefit—but it was remarkable that after a few doses of Sulphur and Calcarea the hair began to sprout vigorously on the top of the head, and actually grew upwards of an inch in length—a circumstance that had never occurred since it had first fallen off. By and bye, however, this new crop fell off, and I could never afterwards succeed in raising another.

At a future period I may follow up these few cases by some others that have been under my care, but I should much prefer if the example I have here shewn of recording some of my experience would be followed by others, more competent to enlighten their colleagues than I can pretend to be.

HOMŒOPATHIC CLINICAL STUDIES.

(Continued from page 216.)

Pneumonia.

PNEUMONIA is distinguished by pathological anatomy into the croupy, typhous, tuberculous, carcinomatous, and pyemic varieties; besides these, there are probably other yet undiscovered kinds of inflammation of the lungs.

In the following treatise the croupy or true pneumonia alone will be spoken of. To the typhous pneumonia we shall refer in our observations on abdominal typhus, and the other varieties will be treated of in future volumes of this work.

We treated 19 cases in all of croupy pneumonia in the year 1850, of these 9 were of men, and 10 of women.

From 1 to 10 years of age	1.
„ 10 to 20 „	3.
„ 20 to 30 „	8.
„ 30 to 40 „	4.
„ 40 and above it	8.

The youngest patient was 7, the oldest 50 years of age. With the exception of four all were strong persons who had to earn their livelihood by hard toil. All left the hospital cured.

The right lung alone was affected in 11 of the cases :

The upper lobe alone	1.
The middle lobe alone	1.
The under lobe alone	3.
Both upper and middle.....	1.
The under and middle	3.
All three at once	2.

The left lung alone was attacked in 8 :

The under lobe	2.
Both lobes	1.

Of inflammation of both lungs there were 5 :

Of the whole right lung and the left upper lobe 1.

Of the whole right lung and the left under lobe 1.

Of the right middle and under and the left under lobe 1.

Of the whole left lung and the right under lobe 1.

Of the right under and left under lobes..... 1.

There were true complications in two cases; the one was with chlorosis of old standing, and the other with intermittent fever, also of long duration. The intermittent seemed to be cured by the pneumonia, for during the course of the latter no paroxysm occurred, and on the patient's dismissal he did not look nearly so cachectic as when he entered: there was no difference however in the state of the spleen.

Tabular view of the duration of the Treatment.

Upper right lobe	F.	47	rather strong	4	6	2	Dismissed at her own request, feeling quite well.
Right middle lobe.....	M.	31	do.	1	13	22	
Right lower lobe	M.	27	Strong	5	10	Dismissed at his own request, feeling quite well.
do.	F.	31	do.	1	6	5	
do.	F.	20	do.	6	6	6	The patient for six months had had intermittent fever. Till the 12th day the resolution went on rapidly, only on a small spot on the left side the percussion sound did not alter, it remained more dull, hence the suspicion that tubercles had formed there.
Right upper and middle lobe	F.	16	do.	5	5	2	
Right middle and lower lobe	F.	28	Rather strong	4	13	4	
do. do.	F.	20	Weakly	1	27	11	
do. do.	F.	20	Strong	1	11	3	
The whole right lung	M.	29	Weakly	5	15	4	
do.	F.	37	do.	5	10	12	Dismissed at his own request, quite well.
Left lower lobe	F.	33	Strong	1	5	2	
do.	M.	50	do.	4	7	4	Dismissed at his own request, quite well.
Whole left lung.....	M.	18	do.	4	11	....
Right and left lower lobes ..	M.	43	do.	1	12	16	Dismissed at his own request, quite well.
Right middle and lower and left lower lobes	M.	22	Weakly	14	11	3	
Whole right lung and left upper lobe	M.	7	Strong	2	6	8	Dismissed at his own request, quite well.
Whole right lung and left lower lobe	M.	29	do.	3	6	4	
The whole left lung and right lower lobe	F.	17	do.	3	9	4	

Of course in reckoning the duration of homœopathic treatment, the limits are from the time of admission to the disap-

pearance of all physical indications of disease in the lungs. The following is a tabular view of the result.

2 cases in	5 days.
5 „	6 „
1 „	7 „
1 „	9 „
1 „	10 „
3 „	11 „
1 „	12 „
2 „	13 „
1 „	16 „
1 „	27 „
1 „	45 „

It will be seen that in the vast majority of cases the duration was unusually short, and this not only in the milder ones, but also in the severe ones, involving the whole lobes of one lung, or both lungs, and in the exceptional cases in which the duration was tedious, there was some complication, in one case of chlorosis, and in the other of intermittent fever, both depending upon a cachectic condition of the system.

Although we do not assert that we can prove anything from the data we have contributed, for they are not sufficient in number, yet we have made a beginning, and trust year by year to add to them, so that we shall by and bye be in a position to compare our results with those of the expectant method; for Dietl has proved beyond a doubt that the allopathic appliances are positively injurious, and this must be taken into account in estimating our success, for it is a small exception when we treat from the first without their having had some allopathic treatment. And this accumulation of observations would be much more rapidly arrived at were all who superintend homœopathic establishments to give the full details of their cases.

The convalescence commenced generally as soon as the process of exudation was terminated, and in some cases there was no period of convalescence at all, and the patients passed at once into health, so that we had difficulty in retaining them in the hospital. We consider this of great consequence in refer-

ence to the question of the positive influence of the homœopathic medication.

Inflammation of the lungs has hitherto been regarded by all physicians, without exception, as a very dangerous disease, and even yet this sentiment prevails in the minds of many. For this reason, and because pneumonia not unfrequently begins with violent fever, and as there is great dyspnœa, anxiety and pain, it was believed necessary to have recourse to severe measures, especially blood-letting. So far was the faculty from believing that the means of cure employed endangered life, that not to bleed was imputed as a serious crime to the homœopaths. The sentence of Hahnemann however, "that experience teaches us that acute diseases left to their own vital powers alone, without the interference of allopathy, do on the average recover more safely and speedily than when treated by the old plan," has now been established in reference to pneumonia by Dietl. He treated from 1842 to 1846, 360 persons in primary pneumonia, and of these 85 with bleeding, 106 with large doses of Tartar emetic, and 189 by diet alone.* The result was:—

	Of those bled.	Treated with Tart. em.	By diet alone.
Recovered	68	84	175
Died	17	22	14
Mortality per cent.	20·4	20·7	7·4

The result is quite conclusive in favour of the expectant method, and also that pneumonia is not of itself a dangerous disease, but is made so by allopathic mis-treatment. On the other hand it is shewn that the results of the expectant method are far surpassed by those of homœopathic treatment, as may be seen by the following numbers. Out of 99 cases treated by Dr. Reiss from 1843 to 1848 there occurred only 1 death, giving a mortality of 1 per cent. Out of 284 patients treated for pneumonia by Dr. Fleischmann, from 1844 to 1848, 10 died, giving a mortality of $\frac{3 \frac{5}{7}}{n}$. Of our 19 cases treated without a death we shall say nothing, as the number is too small, but we believe that when we compare numbers with numbers we shall have no occasion to envy the followers of the expectant method for their results, and we are not like them condemned

[* For Dietl's further experience of the dietetic treatment of pneumonia in 750 cases, we must refer the reader back to p. 134.—Eds.]

to play the miserable part of idle spectators, but approach the sick-bed of those who suffer from pneumonia in the capacity of real practitioners of the art of healing.*

THERAPEUTICS.

The medicines which we employed against pneumonia during this year were Aconite, Bryonia, Sulphur, Tartar emetic, and Phosphorus.

Aconite.—This medicine is not nearly so often prescribed for pneumonia in hospital practice as in private practice, as for the most part the period for its administration is past before the patient is admitted. In the fibrinous pneumonia this period is in the premonitory and inflammatory stages; after the infiltration has once occurred, and the blood been relieved of its abnormal constituents, previously in relative superabundance there, then Aconite is no longer the remedy. In many cases of pneumonia the exudation happens all at once. In other cases it is repeated at intervals; when this is the case Aconite ought to be given at each relapse; in those cases which run their course without any subjective symptoms Aconite is not indicated.

Although Aconite doubtless allays the pain and dyspnœa, yet we do not look upon it only as symptomatically palliative, but also believe that in its proper time and place it acts curatively upon the totality of the pneumonic process. According to physiological grounds we must reckon Aconite as a powerful medicine in incipient pneumonia, but we cannot from present clinical experience establish the proof that it accomplishes what its proving seems to promise. The difficulty is to be certain that we are treating the incipient stage. However, during the

* This is denied by Dietl, who says that it is remarkable that the mortality of homœopathic and dietetic treatment should be the same. So as it is more remarkable that Dietl should have made such a statement, what were his grounds? He only visited the Gumpendorf Hospital two or three times, not often enough to observe the course of one case, and he cannot rest his assertion upon the mortality in this hospital, for he knows $\frac{35}{71}$ are not ≈ 7.4 . Now as he had not access to private practice of any homœopathic physician, the only other supposition is, that he himself secretly made trial of homœopathy in the disease. If so, how many did he treat, and what medicines did he give? If not, he must have got his assumptions out of his imagination, and condemned homœopathy at the cost of truth

present year many patients came to us who had all the symptoms which led us to fear an attack of pneumonia, and who were considered as having them by physicians who sent them into the hospital, and who were entirely cured in a couple of days by the administration of Aconite alone. In three cases we noticed a most remarkable and instantaneous cessation of the infiltration after Aconite, but we impute this to accidental causes, for in the other cases we could not perceive any such arrest when the process of exudation was in full career.

There is no specific indication for the use of Aconite in pneumonia different from its indication in other fibrinous inflammatory exudations of any other organ, and as these are well known we need not enumerate them.

In the following as well as in the other cases we were led to give Aconite, not on account of the stethoscopic but of the general symptoms.

Fortner, Anna, 47 years of age, for seven years had not menstruated. With the exception of an attack of erysipelas, which she had in 1843, she had been quite well. For four days she had suffered from the following symptoms: Stitches in the right breast; cough; shivering and heat; thirst; great weariness. To-day she felt herself especially ill, and on that account sought our aid. On her admission on the 9th of January, we found the following symptoms present: The face, especially the right side of it, of a bluish red colour; the right eye weeping, and the cheek irritated in consequence; vesicles on the left corner of the mouth; the tongue dry, clean; percussion-sound on the right anterior superior part of the chest somewhat dull, and posteriorly quite dull as far as the third rib; also bronchial respiration there; the heart somewhat covered by the lungs; pulse 140, small and weak. No expectoration present.

The patient complained of stabbing pain in the brow; dryness of the mouth; pappy taste; thirst; burning under the sternum, especially after coughing; on both sides along the ribs, especially the left side, however, severe stitches, increased by pressure and restraint; constipation for three days. She got Aconite 6th dilution.

In the afternoon the stitches in the side were less severe; the

patient expectorated a tough, bloody mucus, mixed with large air bubbles. During the following night the pain in the side was very severe; it abated first about three o'clock in the morning; the skin was burning hot, the patient coughed much, and from time to time there was some delirium.

10th January, morning.—The sputa were of a saffron yellow colour; the pain in the side was diminished; the percussion sound in the right posterior and superior region was dull and tympanitic; the breathing bronchial. In the afternoon the sputa were white, frothy and fluent; the patient expressed herself as feeling better.

11th.—Patient felt quite comfortable; the sputa the same as yesterday evening; pulse fallen to 100; auscultation and percussion indicated no change.

12th.—The pulse rather quicker; the urine very turbid. The medicine was stopped. In the afternoon between the second and third ribs, bronchial respiration, consonating râle, and between the first and second ribs crepitation were audible.

13th.—Bronchial respiration indistinct; crepitation; inordinate expectoration, frothy and serous; pulse 80. Feels well.

14th.—A stabbing pain, but not severe, was again felt on the right breast.

15th.—No pain only on taking a deep breath. Still some bronchial respiration and crepitation were audible. Otherwise felt quite well.

17th.—Dismissed cured.

Kirk, Magdalena, 16 years of age, not yet menstruated, had small-pox in her childhood, for two or three months she had suffered from various chlorotic-like symptoms. The present disease had lasted for five days; it began with repeated attacks of shivering, followed by heat; headache; urgent thirst; vomiting; pressive pain in the region of the stomach; great uneasiness and weakness; to this were added yesterday stitches in the heart, and cough with slight expectoration.

On her admission on the 2nd March we found the following symptoms: Countenance is somewhat puffy; the face red and hot; the tongue dry, red and coated; percussion sound on the right posterior region somewhat dull and tympanitic; somewhat

fuller from the right rib ; bronchial respiration audible as far as the sixth rib, along with consonating râle, and crepitation on the right posterior middle part of the chest ; the breathing is harsh in the left side posteriorly and superiorly ; bellows-murmur with faint sound of the heart ; murmur in the jugular vein ; pulse 120 ; expectoration of a saffron-yellow color, and is brought up with difficulty.

The patient complains of stabbing pains in the temples and forehead ; sense of tightening and pressure at the breast ; stabbing pain on the right side of the chest, aggravated by coughing ; shivering alternating with heat ; much thirst ; constipation. Aconite was given.

3rd March.—Expectoration less coloured, more abundant, tough, with bubbles in it ; pulse 110. General feeling better.

4th March.—On the right posterior superior region indistinct respiratory murmur ; weak bronchial expiration ; lower down crepitation ; cough moderate ; expectoration less coloured ; pulse 84 ; feels almost well.

5th March.—No bronchial respiration ; little crepitation ; percussion-sound fuller ; feels quite well.

7th March.—No physical indications.

After seven days the patient was dismissed quite well.

Bryonia.—It had long ago been proved by physiological experiment that *Bryonia* acted upon the parenchyma of the lungs, and that it was even capable of causing infiltration there. Clinical experience has not gone so far as to establish the fact that this remedy has the power of arresting and repulsing the pneumonic process. The reason of this difference does not arise as it did in the case of *Aconite*, from any inherent insecurity or impossibility of a certain diagnosis of the condition, for inflammation of the lungs in that stage fitted for the administration of *Bryonia* is easily recognizable, but it arises from the carelessness of the observers. The whole of our clinical material is useless in reference to the value of *Bryonia* in pneumonia, for in all the cases of this disease related in our homœopathic literature no attention has been paid to the physical

indications.* Although we have not materials sufficient to establish the fact of the power of Bryonia in repressing the pneumonic process, yet so much is certain that it would not be as easy to find any remedy more useful than Bryonia in pneumonia if it be not very extensive, and if it is in the second stage, and if the mucous and serous membranes are also sympathetically involved. Hence we have employed it in pneumonia attended with severe stabbing pain in the chest, which did not seem to correspond with the seat and extent of the infiltration of the lungs, but suggested the suspicion that there was also a deep affection of the pleura, when there was evidence of irritation of the membranes of the brain from the occurrence of the so-called nervous symptoms;† and if the mucous membrane of the bronchial tubes was in a more irritated state than consisted with the regular course of the disease, and if in consequence the symptoms of acute catarrh, such as we have described them as indicating Bryonia were present to a great extent. When there is moderate œdema of the lungs then Bryonia may be used, but if this symptom have great prominence Tartar emetic is preferable.

CASES.

Cermak, Anna, æt. 33, regular in menstruation, and with the exception of the cholera which she had in 1836, always in good health, suffered for four days from severe stabbing pains in the left breast, to which was added a sense of weight upon the chest, loss of appetite, urgent thirst, shivering and heat alternately.

The following symptoms presented themselves on her admission on the 13th of November. Temperature exalted; skin soft, covered with sweat; face slightly red; the breathing more quick and short; percussion sound on the left posterior and inferior

* This is far too sweeping an assertion; many cases have been published in this journal in which the physical indications were fully described.—[Ede.]

† If this is very severe Belladonna is the best remedy: we have observed several cases in which the inflammation of the lungs suddenly ceased, and symptoms resembling delirium tremens set in, and we shall give a fuller description of these in our next volume.

region more dull than natural; respiratory murmur indistinct, and slight crepitation; slight, tough, glutinous expectoration; pulse irregular, 92. The patient complained of heat; sense of general disorder; headache; slimy taste in the mouth; thirst; stabbing pain in the breast, especially on taking a deep breath and on coughing.

Nov. 14th.—Respiration bronchial on the left posterior inferior region; slight crepitation there.

15th.—No crepitation; bronchial respiration audible only on one small spot on coughing.

17th.—Feels perfectly well; pulse 72. Bronchial respiration not quite gone, for this two doses of Sulphur were given.

18th.—No bronchial respiration, and after two days the patient was dismissed cured.

Sulphur.—When pneumonia is uncomplicated the patient feels well; fever, pain and other annoyances are gone. So soon as the infiltration is nearly, or altogether complete, all that remains to be done is to assist nature in the restorative process, and no remedy suits this stage of the affection so well as Sulphur. The effect of Sulphur upon the exudation makes itself soon apparent as we have seen in many cases. Crepitation indicating the resolution of the infiltration is perceptible even in a few hours after its administration; indeed in two cases this happened too fast, for in all the parts which were in a state of infiltration there was so sudden an exudation into the bronchial tubes, as to produce a highly dangerous condition.

CASES.

L. Johann, æt. 50, of a strong constitution, asserted to have been hitherto in good health. Four days ago the following symptoms set in: Shivering; heat; severe stitch in the side, and a dry, exhausting cough. These symptoms increased at night, when the heat was particularly distressing, and accompanied with much thirst and anxiety; some diarrhoea since yesterday.

On his admission we found the following symptoms: Temperature rather increased; the cheeks marked with a circum-

scribed red spot; the tongue moist and coated; the breathing too quick and short; the left side was less raised during respiration than the right; the percussion-sound on the left side posteriorly as far as the fourth rib was tympanitic, and from the fifth rib downwards dull; the vocal vibration increased. On auscultation consonating râle, and indeterminate respiratory murmurs were heard at the fourth rib; from the fifth rib downwards strong bronchial respiration. On the right side superiorly and posteriorly feeble yet distinct crepitation, and in the upper part of the chest the respiration was sharp and the expiratory murmur distinct. The pulse 100, rather hard; cough frequent; the expectoration moderate in quantity, tough, adherent, without bubbles and coloured with blood; one loose stool since yesterday; urine scanty, rather turbid.

The patient complained of giddiness on rising; general heat, especially of the head; great weakness; pain in all the limbs; anxiety; urgent thirst; feeling of dryness in the mouth; pappy taste; want of appetite, and nausea. On the least movement, on breathing deeply and coughing, a stabbing pain was felt in the left breast.

On the assumption that the infiltration would not advance, or do so only to a slight extent, and that the accompanying symptoms, many of which indicated *Bryonia*, would pass away of themselves, we gave Sulphur.

2nd day.—Percussion-sound on the left posterior part of chest as far as the fourth rib dull, and strong bronchial respiration audible there; on the other side posteriorly in the middle crepitation and indeterminate respiratory murmur distinctly audible; expectoration was abundant and easily got rid of; the stabbing pain was felt only on severe exertion, and on lying on the left side.

3rd day.—Feeble bronchial respiration on the inferior posterior region; expectoration slightly tinged; pulse 92, weak; feels almost well. Towards evening a profuse perspiration set in, which lasted almost the whole night.

4th day.—Respiratory murmur on the left side posteriorly indistinct; much crepitation on taking a deep breath. On the right side on the middle posterior region very slight bronchial

respiration. The skin was warm and moist during the whole day; the expectoration was uncoloured; in the urine we found more salts than before. He felt well.

5th day.—Some crepitation audible only on the left side superiorly; in all other parts of the chest harsh breathing; the percussion-sound on the left side clearer, and full on the right side.

6th day.—The same state.

7th day.—No physical indication, only that the percussion-sound was not so full on the left side as on the right.

8th day.—Percussion-sound equally full on both sides.

11th day.—The patient was dismissed perfectly well.

Stork, Johann, æt. 7. For two days complained of confusion of the head; urgent thirst and heat; is very restless and occasionally delirious.

On his admission on the 19th of May we found the following symptoms: The patient lies gathered together in his bed; sleeps continually; occasional delirium, when he tries to get up or gathers himself together. The intelligence is impaired, but not altogether gone; the patient gives short but sensible replies; he moves heavily and unlimberly; he puts his hands frequently to the genital parts; the temperature is much elevated; the skin of a pale yellow colour; the head is hot; the cheeks, particularly the left, slightly bluish red; the pupils enlarged; the expression of the countenance is anxious; the tongue is somewhat dry and coated; the breathing is rapid; the beat of the heart is visible and rather undulating between the fifth and sixth ribs; the pulse is very rapid; frequent short dry cough; no expectoration; pain in the chest on moving, also on percussion; slight enlargement of the spleen; the abdomen slightly tympanitic, sensitive on pressure; no stool.

Auscultatory signs: Percussion-sound as low as the fourth rib anteriorly is somewhat dull; on the right side from the fifth rib downwards quite dull; on the right side posteriorly from the fourth rib downwards partly dull, partly tympanitic, and lower down quite dull. On the left side superiorly and posteriorly there is consonating râle audible, and frequently a

bronchial expiration ; on the left side posteriorly and inferiorly the breathing is harsh ; on the right side superiorly partial bronchial respiration, and consonating râle by expiration, the last especially distinct in the middle of the left posterior part of the chest. On the right inferior posterior part strong consonating râle, and frequently bronchial expiratory murmur. Aconite was given.

May 20th.—The same state.

21st.—Bronchial respiration in the whole of the right side of the chest ; on the left superior side consonating râle. Sulphur was given.

May 24th.—Neither bronchial respiration nor consonating râle ; only on taking a deep breath partial crepitation ; indistinct respiratory murmur and râle ; pulse quiet ; the cough moderate. He feels well.

May 25th.—Breathing harsh and rough ; slight râle in a few places ; still frequent bronchial respiration on the right superior and posterior part of the chest.

26th.—Feels perfectly well.

On the 2nd of June the patient was dismissed perfectly cured.

Hofmeister, Karl, æt. 22. Said he had often before suffered from affections of the chest and throat.

The present attack had lasted fourteen days ; it began with cough, pain in the chest, and difficulty of breathing. Yesterday the pain in the side was particularly troublesome ; and the fits of coughing attended with very little expectoration in the day time, were frequent and very distressing ; to this were added shivering, heat, and much thirst.

We found the following symptoms on his admission upon the 24th of November. The patient is of a feeble make ; the chest narrow and somewhat sunk in the shoulders ; the temperature elevated ; the skin pale, and red only on the cheeks ; the breathing quick, short, loud and snorting ; much cough ; little expectoration, serous and slimy ; heart and abdomen normal ; pulse 120.

The percussion sound is duller on the right posterior region from the fifth rib downwards than on the other side, but not

altogether dull ; and on the right posterior superior region about the scapula the sound is somewhat duller on a smaller spot ; over the whole chest strong rattling and snorting respiration is heard.

The patient complains of severe stitches on the right side ; shortness of breath, especially during speaking or coughing ; confusion of the head ; urgent thirst ; want of appetite ; heat and cold ; pain in the loins ; sense of general pain and weakness over all the body. Aconite was given.

25th Nov.—The expectoration bloody ; the difficulty of breathing greater ; otherwise no change.

26th.—The percussion sound on the right posterior part of chest quite dull ; the other symptoms as on his admission. As he showed no change for two days, Sulphur was given on the 28th.

29th.—On the right middle and lower posterior region consonating râles and bronchial respiration were audible. On the left inferior posterior region consonating râles.

During the three following days there was no change.

3rd Dec.—On the left inferior posterior part no crepitation ; the respiratory murmur sharply vesicular ; on the right posterior superior part the breathing was harsh ; on the middle and inferior there were consonating râle, crepitation, weak bronchial respiration ; the expectoration was white, tough and full of large bubbles.

4th Dec.—No change.

5th.—Only on the lower part of the right lung some crepitation. Feels well.

8th.—The patient dismissed cured.

Z. Joachim, æt. 27. Until three years ago had always been in good health, from that time subject to epileptic attacks, the last of which occurred two months ago. Seven weeks ago after eating of fat meat, he was attacked with frequent vomiting and general discomfort lasting several days ; three weeks ago became affected with quotidian fever, which was suppressed after its fourth attack by Quinine ; since that time the patient has not felt quite well, and has been subject to shivering, followed by perspiration. The present disease commenced five days ago,

with violent shivering and stabbing pain in the chest ; to which were soon added, heat, much thirst, frequent short cough.

On his admission on the 29th of April we found the following symptoms : the temperature of the body only slightly elevated, only the head was rather hot ; the lips dry ; tongue clean and moist ; the respiration short ; the expectoration tough and white, thin, loose, there were few bubbles in it, it was brought up after slight coughing, and small in quantity. The percussion sound was dull from the fifth rib downwards on the right posterior part of the chest ; the breathing there indeterminate, and harsh over the other parts of that lung ; the heart normal ; the pulse 90 ; the liver extended half an inch beyond the margin of the ribs ; the spleen also enlarged ; the stomach distended ; the urine scanty and dark yellow ; two diarrhœic stools since to day.

The patient complained of sinking ; heat ; headache ; tinnitus aurium ; confusion of sight ; thirst ; pappy taste in the mouth ; want of appetite ; nausea ; shortness of breath ; oppression of the chest and stabbing pains on both sides, especially on the left, which extended itself under the ribs ; cough on taking a deep breath. External pressure, change of position, and lying upon the side increased the sufferings to a great degree.

We were induced by the prominence of the pleuritic affection to give *Bryonia* ; on the following day there was less pain in the side, but otherwise we could not discover any change.

On the third day the expectoration was copious, less tough, and penetrated throughout with blood ; auscultation gave, instead of the indeterminate breathing, distant bronchial respiratory murmur and consonating râles. The pneumonia was in full career, unchecked by the *Bryonia*, and therefore we gave Sulphur.

On the 4th and 5th neither an increase nor a decrease of the infiltration was discernible.

6th day.—Expectoration slightly tinged and much crepitation audible at the sixth rib.

7th day, in the morning.—Much crepitation audible over the whole circumference of the infiltration ; the percussion sound is dull only on one small spot. He feels well. In the afternoon

he had a severe epileptic attack, which lasted a quarter of an hour.

8th day.—The crepitation was only audible on taking a deep breath; the percussion sound on the right inferior posterior region of the chest was slightly duller than over the left.

On the 10th day no physical indications of disease, the patient felt quite well and was therefore dismissed.

St. Michael, æt. 48. Strong built, often suffers from headache, attended with heat, fever, sense of being generally unwell. In 1838 he had typhus-fever; twelve years ago he had frequent asthmatic attacks; he had also had eight years ago inflammation of the cellular tissue of the calf of the leg.

The present disease began four days ago with confusion of the head; shivering and much heat; urgent thirst; stabbing pain in the left side; and shortness of breath; to which were soon added much cough, and weight at the chest and anxiety. The patient passed the nights partly in sleeplessness, partly in a sort of half sleep disturbed by dreams.

On his admission we found the following symptoms: the temperature of the body slightly elevated; the cheeks very red; the eyes brilliant; the lips dry; the tongue moist and covered with a white fur; the movements of the chest rather feeble on the left side, those of the diaphragm very strong; the percussion sound in the left posterior region from the third rib downwards too dull; strong bronchial respiration audible there; partial consonating râle there too; in the upper part of the chest sharp vesicular respiration; in the left superior posterior part the expiratory murmur very loud; the percussion sound in the region of the heart to the fourth rib fuller than natural; the sounds of the heart normal—the heart's beat too strong; the pulse 88; the sputa expectorated with difficulty, are tough, and contain large bubbles; flow of urine diminished; urine somewhat dark.

The patient complained of much weakness; great heat, giddiness and confusion of head; sense of heat in the eyes, occasional dark points before them; pappy bitter taste in the mouth; urgent thirst; irregularity of breathing; burning under the upper part of the sternum; oppression of the chest; stabbing pain on the left side, particularly under the false ribs,

which was much increased by coughing and taking a deep breath. We gave *phosph.*

On the following day no change.

3rd day.—The expectoration is bloody and more easily brought up; the percussion sound on the left posterior region from the third rib downwards quite dull; consonating râle as far as the left shoulder blade.

4th day.—No change.

5th day.—The movements of the chest somewhat freer; the stabbing pain is gone; along the whole posterior part of the left side of the chest bronchial breathing is audible; rarely consonating râle; the pulse 94, frequently intermittent; the percussion sound as yesterday; the patient feels somewhat better.

6th day.—The percussion sound somewhat more dull on the right posterior inferior region; also strong crepitation there; on the upper and middle part of the right posterior region, frequent uneven râles: snorting in the large tubes; the auscultory indications on the left posterior part of the chest the same for the last three days; the expectoration abundant and bloody; the skin moist with perspiration; a number of vesicles the size of hemp-seed filled with turbid fluid and surrounded by a lively red circumferential base upon the chest. *Sulphur* was given. In the afternoon on the right posterior and inferior region distinct bronchial respiration.

7th day.—The patient is much quieter; says he feels better; pulse 88; the percussion sound on the right posterior region as far as the sixth rib is dull; the breathing is bronchial there; on the other hand bronchial respiration is only audible on the left side when he takes a full breath; there is much crepitation; the expectoration is moderate in quantity and white.

8th day.—Crepitation over the whole of the left side; the bronchial respiration is only audible on the right side; during the night and following day much cough; slight expectoration.

10th day.—No bronchial respiration, only on taking a full breath some crepitation and indeterminate breathing.

12th day.—Harsh breathing; all the other physical signs gone. During the remaining sixteen days which the patient passed in the hospital, perfect sense of health.

Tartarus emeticus.—All that the physiological proving of this medicine promised is amply fulfilled in our clinical experience; that is if there is considerable œdema of the lungs associated with the pneumonia, and if we require something to ward off the threatened paralysis of the lungs, then no medicine is so well indicated as Tartar emetic. Indeed we have only twice in the course of this year met with this dangerous complication, but on both occasions we were surprised at the beneficial action of this remedy. On both occasions the bronchial tubes were filled with a quantity of fluid; the breathing very difficult; the patient sat upright and was in constant dread of suffocation; there was cyanosis and audible rattling and snorting, &c. On both occasions these symptoms disappeared in a few hours after the administration of Tartar emetic. One of these cases we have described under the head of chronic catarrh; in the other case, of a man in whom both lungs were hepatized to a great extent, and those parts of the lungs which were not hepatized partially œdematous, we saw no less immediate and striking results from this medicine.

[*Phosphorus*.—Drs. Wurmb and Caspar speak very decidedly against the homœopathic suitability of this remedy in simple true pneumonia. Their arguments, based upon pathological and physiological grounds, are no doubt very plausible and may be true, at least in part, but we are not disposed to dismiss so summarily a medicine whose curative efficiency seems to us to rest upon undeniable evidence, and from which we ourselves have seen the most unequivocal benefit in cases of simple croupy pneumonia.—EDS.]

Pleuro-Pneumonia.

Among the nineteen cases of pneumonia spoken of above, there were three in which there was distinct evidence of implication of the pleura recognizable by the rubbing sound; but of these we do not mean to say anything more. But besides these were other three, which we shall now narrate, in which along with infiltration of the lungs, there was also exudation into the cavity of the pleura.

A boy, æt. 12 years. The patient had been ill for five days, and we found him in the following state: the temperature of the body rather elevated; the skin very moist; the breathing was effected chiefly by the upper part of the chest; the left side of the chest is equally expanded with the right; the cough is moderate; the expectoration is without air bubbles, tough, adherent, partly white, partly yellow; the beat of the heart is strong, it is felt between the fifth and sixth ribs, and nearer the sternum than it should be; the percussion sound is normal anteriorly; on the right posterior region from the seventh rib downwards rather dull; on the left, from the sixth rib downwards, quite dull; over this part the vibration was strong on the right side, and not to be felt at all upon the left; there was strong resistance on the left side posteriorly; on the right side inferiorly there was strong bronchial respiration and consonating râle: superiorly, harsh breathing; on the left side inferiorly, weak bronchial respiration; above this, harsh breathing.

The patient complained of tightness of breath; pressure on the chest; from time to time recurring stitches in the side; heat; moderate thirst; general sense of illness. Assuming from the symptoms that the process of exudation was complete, or nearly so, we ordered Sulphur.

On the 2nd day the pleuritic effusion had fallen below the seventh rib; on the right side irregular crepitation was audible only upon taking a deep breath.

On the 9th day all trace of both affections were gone, and the patient felt so well that we were able to dismiss him.

A young man who ten years previously had had a similar attack, was ten days before affected by the following symptoms: strong shivering, succeeded by great heat; severe stitch in the side; cough, and difficulty of breathing.

On his admission we found the temperature of the body rather elevated; the skin pale and moist; the breathing quick, short and loud; the right side of the chest alone normal; the left side of the thorax is somewhat drawn in, and the spinal column rather curved to that side; the heart is pushed towards the mesial plane; the pulse is 96; the cough severe; the expectoration slight and saffron colour; the percussion sound is normal

on the right anterior part of the chest; on the left superior part more dull—from the sixth rib downwards altogether dull: at that part there was no vibration; the percussion gives an inelastic sensation. Auscultation: on the anterior region both on the right and left side, harsh breathing; on the posterior left superior region bronchial respiration, simultaneous consonanting râle; from the sixth rib downwards only on coughing or taking a deep breath, feeble bronchial respiration; no other respiratory sound.

The patient complained of shivering and heat alternately; difficulty of breathing; oppression of the chest; and severe stitches in the side. He got *Bryonia*.

On the following day the pulse was 120; the heat greater; and the patient felt worse. He got *Aconite*.

After two days, during which the fever was allayed by *Aconite*, we again ordered *Bryonia*, not with any good result for two days afterwards; the exudation had risen as high as the third rib; the heart was pushed to the right side of the sternum, the diaphragm somewhat depressed. On the left side of the sternum between the third and fourth ribs, a moderately loud rubbing sound could be heard with and between the two sounds of the heart. The patient got *Sulphur*.

Three days afterwards the rubbing sound of the pericardium was much louder.

On the 5th day after the administration of the *Sulphur* we observed a sensible diminution in the pleuritic effusion. The absorption now went on rapidly, for in ten days the effusion had fallen as low as the eighth rib; the percussion sound was dull only from that point, in other places it was fuller; the diaphragm no longer pressed down; the heart had returned somewhat beyond the left edge of the sternum and the upper edge of the fourth rib.

The patient rallied rapidly and left the hospital on the thirty-second day after his admission; at the time of his dismissal there was still some rubbing sound of the pericardium audible, and the percussion sound on the left inferior posterior region was dull.

We were of opinion that the *Sulphur* would effect a complete

cure, for the empty percussion sound was ascribable to the previous effusion, and we hoped that the affection of the pericardium would subside of itself. In this we were not disappointed, for on the return of the patient three weeks afterwards as an out-patient, there was not the slightest trace of rubbing sound in the pericardium audible.

[We presume he took a supply of Sulphur with him, and continued its use during these three weeks.—EDS.]

The third case was that of a woman 28 years old, and ended fatally. The patient was brought to us in a hopeless condition, partly ascribable to the copious blood-letting she had suffered at the hands of her previous attendant, for she looked on her admission in a very anæmic state, the vital powers were much sunk. The physical signs shewed effusion into both lungs; a considerable effusion into the left pleural cavity, and a more moderate one into the right. China, Arsen., Carb. veg. were of no avail; the patient grew weaker from day to day; there were occasional attacks of shivering; at last the patient lay in a continual state of sopor, and died on the fourteenth day.

The *post-mortem* appearances fully bore out our diagnosis; the lungs were, with the exception of one small portion of the right upper lobe, in a state of grey hepatization and partial purulent decomposition; the pleural cavity contained a turbid yellow very flocculent fluid; and the pleuræ were covered with a yellow purulent thick watery exudation.

THE POISON OF THE BEE, ITS EFFECTS, PATHOGENETIC AND THERAPEUTIC.

IN our last number we called attention to the valuable additions to the *materia medica* now being published by our zealous colleague, Dr. Hering of Philadelphia, and in the third number of his *Amerikanische Arzneiprüfungen* which has just reached us, we find the conclusion of the article on the poison of the honey

bee, which was commenced in No. 2. Our limits forbid us giving a complete detail of the proving of this remarkable substance, but we have much pleasure in presenting our readers with Dr. Hering's summary of its pathogenetic and therapeutic effects, and some cases of disease where it has been successfully applied.

Summary of the pathogenetic action of Apis mellifica.

Indifference. Depression.

Anxiety, excitement, anticipation of death.

Irritable, contradictory humour, *nothing pleases him.*

Passionate during the itching, the menstrual derangements, &c.

Uneasiness of mind, body and disposition.

Busy, frivolous, disposed to laugh, excessively cheerful.

Deliria, with congestion of blood, eruption, heat; during sleep.

Cannot bring his thoughts to bear on any subject continuously.

Vertigo when standing, sitting, lying down, shutting the eyes, with obscuration of vision, nausea, headache, sneezing.

Dull confusion of head, especially over the eyes.

Head as if too full, it seems too large.

Heaviness, aching, pressure in the head, *especially on rising from the sitting or lying posture*, INCREASED IN THE WARM ROOM, RELIEVED BY COMPRESSION WITH THE HANDS.

Pains in the head, through the eyes, above the eyes, round the eyes.

Sharp shooting pain in the temples.

Drawing and tension in the scalp, acute burning shoots, itching, prickling, falling out of the hair.

Light gives pain during the headache, redness of the eyes, *weakness of the eyes*, with dread of straining the sight; indistinct vision, whirling before the eyes.

Quivering and twitching of the left eye ball, especially at night.

Heaviness of the lids, of the eyes, fulness, pressure.

Violent shooting pains towards the eye ball, tearing, *shooting*.

Cutting, burning, redness of the eyes. Shooting itching in the eyes and lids ; round about the eye.

Flow of tears, with uneasy humour in the night, with headache, sensitiveness to light, redness, burning of the eyes.

Feeling as if mucus were in the eyes.

Itching in and around the eyes, on the lids, the canthi ; with soreness.

Sticking together of the lids ; swollen lids.

Watery, erysipelatous swelling round the eyes.

Sensitiveness to noise. Shooting, burning of the eyes. Tension about the ears.

Sneezing, then pressure in the sinciput, and vertigo.

Coryza, with feeling of swelling in the nose, dryness, burning of the lips.

Itching soreness, redness and swelling of the nose.

Paleness of face. Burning shooting, with feeling of fulness, heat, redness, desire for washing with cold water, livid bluish red colour.

Tension, swelling and redness. Formication and prickling.

Painfulness of the *lips*, extending to the gums, the head and beyond.

Lips as if bruised, as if swelled, prickling, cracking, tensive, burning ; everted, hanging, swelling.

Spasmodic snapping of the lower jaw.

Jerking, twitching in the left upper molar teeth.

Toothache extending into the head.

Tongue as if scalded, especially on its border ; *vesicles along its border, especially on the left side*, with burning, soreness, shootings.

Dryness, fiery redness, burning, shooting and swelling.

Furred tongue, along with diarrhoea.

Dryness of mouth, fauces and throat. Painful as if scalded.

Salivation ; tough and frothy saliva.

Hawking and clearing the throat every morning.

Posteriorly and superiorly in the fauces and throat pressive pain as from a hard body.

Shooting, itching and contraction, rendering deglutition difficult.

As if raw in the throat, with tough saliva, and hawking.

Burning, smarting, shooting, especially on swallowing.

Tonsils red, swelled, painfully smarting.

Anorexia. Adyspsia, along with dropsy, with dry throat, with heat. Desire for a draught of water, with sinking of the forces.

Eruotation, with flow of water into the mouth, with the taste of the ingesta, increased after drinking water.

Disgust, nausea, with vertigo, faintness, sinking of the strength, till it comes to vomiting, with headache, swelling of the head, pains in the stomach and diarrhoea.

Aching and pressure in the stomach, prickings, sore feeling, burning, great tenderness.

Under the ribs as if bruised, more on the left side. Burning ; pains spreading upwards.

Pulsating borings over the left crista ilii, relieved by eructation.

Rolling and rumbling of wind in bowels.

Sick feeling in the abdomen.

Bellyache, in the morning a call to stool.

Heavy, painful pressure, violent contraction, compression and urging in the belly.

Pains in the abdomen, when walking. Violent pains when lying, better on sitting up.

Burning internal soreness, *external tenderness, even to the pressure of the bed clothes.*

Abdomen full, swollen and tender, with swollen feet and scanty secretion of urine.

Feeling of diarrhoea, urging, pressing and tenesmus.

Soft stool, every morning ; light colored.

Greenish, yellow, watery mucous diarrhoea without pain, especially in the morning.

Fetid diarrhoea, then tenesmus with passage of blood. Evacuation of mucus and pain as if the bowels were squeezed to pieces.

Feeling in the anus as if it were stuffed full, with heat, and throbbing in the rectum. Electric shock in the rectum before the urging to stool. Rawness in the anus, during diarrhoea.

Intolerable itching with swelling ; intolerable, shooting, burning pains in the hemorrhoidal tumors ; along with the swelling of anus, bloody exudation.

Can pass little or no water, with great pains.

Frequent urging. Increased micturition day and night. Scanty, highly coloured urine.

Burning and soreness in the urethra, as if scalded.

Uneasiness in the spermatic chords.

Pains in the ovarian regions, as if sprained, tender. Cutting on the left side, then on the right, drawing, shooting with bearing down.

Bearing down in the uterine region, as if from the menstrual illness.

Labia swollen.

The catamenia stop a few days and then return, several times alternately. *Menorrhagia*, with miscarriage.

Hoarseness, with tenderness of the larynx, roughness in the throat, dryness.

Cough and tickling behind the pit of the throat, in the morning, before midnight, after lying and sleeping, with headache ; ceases when the least quantity is detached.

Breathing slow, difficult, with contraction in the throat ; accelerated, especially on moving, going up stairs, walking, with bruised feeling under the ribs, with heat and headache, with sleepiness. Feeling as if the respiration would stop.

Heated rooms intolerable.

Fulness in the chest, he must sit up.

Pressure on the chest, especially superiorly. Pains in the chest on the left side over the sternum. Sharp pains. Stitches, especially in the left side.

Soreness and bruised feeling, as if after a contusion, especially about the last ribs and more to the left side.

Coldness and heat in the chest.

Pains in the cardiac region, shooting and obstructing respiration.

Pulse quick, full and strong ; hard and small and quick.

Stretching pain in the nape, to the left from the shoulder to over the head, shoots to the right with moving of the head towards the same side.

Pain in the back under the scapulæ, worse on moving.

Stiffness in the small of the back.

Pains from the shoulders through the arms, drawing to the finger ends. Going to sleep, especially of the left arm.

Burning and shooting in the hands, redness, heat, swelling ; bluish and cold.

Itching, burning and chapping of the hands ; the nails as if loose.

Weakness and soreness in the left hip joint.

Drawing through the thighs to the end of the toes.

Bruised feeling in the flesh.

Pains about the knee, swelling, burning and shooting.

Shooting in the left outer ankle, and in the toes. Burning of the feet and toes.

Swelling of the feet. The toes feel too large.

In the morning the feet are heavy, stiff, painfully full, swollen ; creeping and itching, as if frost-bitten.

Itching pimples on the joints.

Extreme sensitiveness of the fleshy parts to slight pressure.

Irritability and uneasiness ; weakness with trembling. Amazing weariness.

Exhausted as if after hard work, especially in the back. *He must lie down flat on the ground.*

Weakness, especially in the back, by fits, with vertigo. Faintness with paleness, coldness, vomiting and diarrhoea.

Yawning and great desire for sleep. Starting out of sleep. Frequent waking. Tension in the face, shooting in the skin, burning pain under the left ribs, or other ailments prevent sleep.

Sleep restless, frequent waking, and *incoherent dreaming.*

Dreams full of care and trouble—*of flying through the air—*of travelling long journeys.

Tossing about, especially the latter half of the night. No refreshment from sleep. *Long morning sleep.*

Shuddering, in the afternoon at 3 to 4 o'clock, worse in the warm room, followed by heat and cough.

Shivering on the slightest movement when sitting, *in the evening*, with headache, heat of face, hot hands.

Rigor, with eruption of nettle-rash, after heat.

Hot feeling all over the body, especially on the chest and in the region of the stomach.

Heat with redness of skin ; in the evening and night with excitement, headache, accompanying diarrhœas, swellings, cough. Burning of hands and feet.

Now and then perspiration, alternately with dry skin. (Emaciation.)

Violent itching, like needle pricks, as if from gnats, recurring after motion. Itching on small circumscribed spots ; at night preventing sleep.

Burning, shooting, irritating, intolerable itching.

Violent shooting pains and swelling.

Bright red swelling with red stripes along the limbs.

Swelling of the skin, pale red, as if puffed, extending further on the surface.

Burning, shooting, flat swellings, with redness or whiteness, or both.

Nettle-rash, red spots, small white spots with red areolas, itching violently, pale stools ; *very tender elevated spots* ; bluish red, painful hard spots.

Watery swelling on the body, the limbs, the hands and feet ; swelling of the abdomen, without thirst.

Burning, shooting pains in all parts, with and without eruption. Sore pain, especially under the ribs ; tension of the skin of the muscles, especially on the shoulder, nape and head.

Heat aggravates, especially in the close room.

Cold water relieves the pain, swelling and burning.

Dread of cold air.

Excessive sensitiveness to touch and external pressure, especially in the abdomen.

Compression relieves the headache.

The recumbent posture aggravates many of the sufferings, which are better when sitting. Walking and movement in general ameliorate many of the worst sufferings and accidents.

Evening sufferings : vertigo, headache, pain in the eyes, toothache, bellyache ; hoarseness, especially *cough, shivering, and heat.*

Nocturnal sufferings, besides those dependent on sleep, espe-

cially in the eyes and chest. Towards morning increase of the weariness, rigor, headache, mucus in the mouth, bellyache, *urging to stool and heartburn.*

Indicated when attention is paid to the similarity of symptoms, especially among widows* and children, for many consequences of acute exanthemata that have been repercussed, suppressed, or have never been properly developed, such as nettle-rash, scarlatina, measles, miliaria, and other less marked eruptions.

May be given for punctured and other wounds, after bee stings, and perhaps the stings of other insects.

“If,” says Dr. Hering, “in a case of disease some of the above symptoms are present, and if the other symptoms of the case correspond to the other effects of the remedy according to their degree, our medicine will be serviceable in the following acute and chronic diseases and groups of symptoms :

“Manias of various sorts, especially those proceeding from a sexual cause in women.—Hydrocephalus in infants and apoplexy in old persons.—Headache of all sorts.—Bilious-abdominal neuralgias in the head—the groins, originating in the ganglionic centres ; gastric.—Bald places.—Ophthalmia, internal, external, rheumatic and gouty.—Iritis, corneitis.—Blindness : obscuration of the cornea, leucoma, staphyloma, œdema of the eyeball.—Hordeola.—Fistula lachrymalis.—Neuralgias of the lips, tongue and gums.—Œdema of the face.—Erysipelas of the face, especially the pale livid sort, of one half, of the chin, of the lower jaw and cervical region.—Inflammation of the tongue ; swelling, ulceration of the tongue ; cancer of the tongue.—Inflammation of the palate, mouth, fauces and throat ; erysipelalous or urticarious or other sorts of ulcers in the throat.—Gastralgias.—Erysipelas and contusions in the stomach and bowels.—Inflammation of the abdomen.—Inflammation of the diaphragm and spleen, ascites.—Chronic diarrhœas, especially of a bilious and erysipelalous character.—Hemorrhoidal and other affections.—Inflammation of the bladder.—Bright’s disease.—Diuresis, dysuria, strangury.—Gonorrhœa.—Affections of the ovaries, pains,

* What peculiarity there is about widows that should make this medicine peculiarly suitable for them, Dr. Hering does not inform us.

inflammations, tumours, hypertrophy, dropsy ; hypertrophy of the uterus.—Uterine dropsy.—Menstrual derangements.—Swelling of the labia, neuralgias.—Threatened miscarriage.—Metrorrhagia.—Scirrhus of the mamma.—Œdema glottidis.—Water on the chest.—Pleurisies.—Inflammation of the pericardium.—Rheumatism.—Gout, gouty nodes.—Œdema of the limbs.—Swelling of the knee.—Podagra.—Tumours.—Herpes.—Urticaria.—Furuncles.—Scarlatina.—Measles.—Inflammation of the fingers.—Hysteria, hysterical convulsions.—Wounds, punctured wounds ; erysipelas of wounds, and many other things too numerous to mention.”

A goodly list truly ! and almost justifying the laudatory sentence pronounced on the virtues of bees by More in Cotton's Book of Bees. “The bee will help to cure all your internal and external diseases, and is the best little friend man has in this world.” Dr. Hering is very severe in this, as in other essays, upon those homœopathists who have sought to give homœopathy a scientific basis in pathology ; thus he talks about “those homœopathic puff-pathologists, who do not do any very great things, but on the other hand pride themselves greatly on their wisdom, and tap diligently on their patient's chests and bellies—especially when they are not getting better.” Nevertheless our readers will observe in the above list some pathological novelties of Dr. Hering's own invention, such as “Urticarious ulcers in the throat,” “Urticaria in the stomach and bowels,” “Erysipelatous diarrhoea,” &c., which will hardly be met with in any modern work on nosology.

The preparation of *apis* Dr. Hering proposes for pathogenetic and therapeutic purposes, is the poison obtained from the living bee dissolved in alcohol. It may be readily obtained by seizing the bee by the wings and causing it to eject its poison upon a piece of sugar, or by grasping the sting of a stupified bee with a small pair of nippers and gradually drawing out the sting and poison bags together. Dr. Humphreys, by whom the greater number of the experiments was made, obtained a tincture of the poison by putting a number of bees into a bottle and irritating them, when they ejected their poison on the sides of the bot-

tle, and this poison was dissolved in alcohol poured into the bottle. Dr. Hering disapproves of making triturations of the poison in milk-sugar, and he objects still more to the powder of dried bees, which has long been used as a popular remedy for baldness, retention of urine, and dropsies. He also objects to the trituration of the recently dried bee, as used by Dr. Marcy in a case of ascites, detailed in Vol. VIII, page 410, of this Journal; and he is equally opposed to the infusion of bees employed as a domestic remedy according to Gordon.

The following are some of the cases adduced by Dr. Hering, in illustration of the therapeutic virtues of *apis*.

CASE I.—A woman aged 50, dark complexioned, of bilious temperament, had suffered for three years from ophthalmia, and had been unsuccessfully treated by several oculists. Her eyelids were swollen, dark red, everted, destitute of lashes, had granulations along their borders, the conjunctiva was red and full of dark blood-vessels, the cornea obscured and smoky, the vision very indistinct, intolerance of light, the eyes watered and the lids stuck together. *Apis* 30, every three or four days altered the appearance of the eyes completely. The lids became completely healed, the conjunctiva lost its dark vessels, the cornea became transparent, the sight better, and she left almost quite cured.—Humphreys.

CASE II.—A girl of 18, of fair complexion, rather lymphatic temperament, was attacked in October 1850, with violent inflammation of the right eye. It came on suddenly without discoverable cause, and a skilful allopathic physician treated her five months. During this period three ulcers formed on the cornea, one in December, two in February. She had swallowed quantities of medicine; had had blisters behind the ears; and had sundry collyria, &c. The ulcers, which had been almost well, were, when I saw her, again worse; the bloodvessels injected; dreadful pains shot through the eyes; light was intolerable to both eyes, in consequence of which she kept them shut constantly; dark smoky looking clouds beset the thickened cornea, which was, as it were, covered with a film. She could only observe the light coming in at the window when she turned herself towards the window; the pupil could not be seen through the smoky and discoloured cornea; the sclerotic was dark red, and the redness extended gradually into the cornea; hot tears gushed

from the eyes; her head was hot; her feet cold; the catamenia delayed.

From February I gave her, Merc. corr., Bell., Merc., Hep., until the 20th March. She then had normal heat of body; less photophobia; but otherwise the eye was the same as before. She now got *apis* 30, in water, a table spoonful night and morning. The effect was immediate. The very next morning the eye was clearer, and she said she could see her sister's eyes. The amelioration went on rapidly and permanently. On the 1st of May medical treatment was discontinued, though a slight dimness of the cornea still remained. Afterwards this went off completely. I had never before witnessed such a rapid, perfect and brilliant cure. Besides *apis* she only took occasionally a dose of Aconite when the heat and pains of the limbs were very violent.—Humphreys.

CASE III.—Erysipelas of one side of the face and nose; swelling under the eye; just as after a bee sting. *Apis* 3, ten or twelve drops in a glass of water, a table spoonful first every hour, then every three hours. The swelling went away completely; the next day the girl went to school and has had no return of the complaint since.—Dr. Greene.

CASE IV.—A woman 30 years of age, of sanguine nervous temperament, got a swelling of the tongue, which had a dry, shining, yellow appearance; at the same time there was very painful bilious vomiting, &c. Nux vom. and Bry. removed the latter; the swelling of the tongue remained. *Apis*, repeated three hours afterwards, had a remarkably good effect. Some months afterwards I again gave with good effects the same medicine for the same symptoms.—De Bonneville.

CASE V.—A woman, 26 years old, very subject to quinsy, which in spite of the ordinary remedies, Bell., Lach., Merc., almost always ended in suppuration, got again one of her ordinary attacks, consisting of shivering, followed by heat; violent pain in the temples; redness and swelling of the tonsils, uvula and fauces; painful obstruction of deglutition, and stinging pains on attempting to swallow. She got first Acon., and then *apis* 30, which soon gave relief, and under its use every trace of the disease disappeared in the course of twenty-four hours. She assured me that she had never obtained such decided relief from any other medicine.—Humphreys.

CASE VI.—An unmarried woman, 28 years old, subject to sore throat, was again assailed by her usual symptoms: violent pains in the forehead, lachrymose disposition; discouraged desponding humour; tonsils much enlarged; redness and swelling of them, of the whole palate, and the uvula; great difficulty of swallowing and smarting pain in the throat; furred tongue; no appetite. Acon. and Bell. did no good the first twenty-four hours. *Apis* every four hours, sometimes alternated with Merc., had an immediate decided effect, and in twenty four hours she was dismissed with a few doses of the remedy in case of relapse.—Humphreys.

CASE VII.—A woman, aged 40, was liable to long and violent attacks of a stomachic affection, which she called “the erysipelas in the stomach.” She frequently had, especially in the lower extremities, kind of sore, dark, bluish-red and painful swellings, accompanied by general feeling of illness. At times she had it only “in the stomach,” attended sometimes with constipation, at other times diarrhoea. I attended her in her last attacks but without satisfactory result, for it was always a very long time before she recovered. She now complained again of pain and tenderness in the epigastrium, with a sensation of burning, like that caused by acidity in the stomach, and she had at the same time diarrhoea, yellowish motions with a tinge of green, with scarcely any pain. These symptoms were however but the premonitory signs, and we knew from experience the tedious affection they would lead to, and this made the case so important. After these symptoms had lasted two weeks I gave *apis* 3, with directions to repeat it every twelve hours, if the symptoms were not aggravated by its administration; but if this occurred not to give any more of it. After the first dose the burning in the stomach and the diarrhoea were aggravated. This aggravation subsided in eight or ten hours, with great relief to all the morbid symptoms. She afterwards took a second dose, whereupon the burning in the stomach returned, as it did also after the third dose. These aggravations however soon subsided, and I never saw a more perfect and rapid cure as occurred in this case after the third dose. Since then she has had no return of the erysipelas.—Bishop.

CASE VIII.—A boy, 8 years old. Gastro-enteritis ushered in by vomiting; excessive pain and tenderness of the stomachic region and of the epigastrium; fetid breath; foul tongue; constipation; sleep disturbed at night by muttering and dreams; the pulse frequent

and wiry. After treatment for a week without amelioration of the vomiting or of any of the prominent symptoms, he got three doses of *apis* 3; the next day he was better, had slept well during the night, the tenderness and pain were much less, and in a week the symptoms gradually went off.—Bishop.

CASE IX.—A man, 23 years old, of light complexion, thin, emaciated, without much muscular power, much addicted to tobacco, had had an attack of ague, during which he had “the blues.” Now, a year after the above, he suffered from diarrhoea; the evacuations are yellowish, greenish, with some bellyache; pains in the eye-balls and across the forehead; languid and listless; an indescribable feeling; he could not fix his thoughts on any thing decidedly; hands bluish, disposed to become cold; little appetite. A single dose of *apis* 3 gave him immediate relief. Two months afterwards he required another dose, and then he remained free from illness for four or five months. And so on repeatedly, but one dose always kept off the disease for at least two months.—Bishop.

CASE X.—A boy, 6 years old, had ever since having the measles, a constant diarrhoea, and fell away in flesh. The measles did not come properly out; he had fever and cough for eight weeks; then emaciation commenced, and with tenderness of the abdomen and loss of appetite he wasted away to a skeleton. He got a few drops of *apis*, which immediately increased the appetite and made the bowels regular, so that he grew stout and remained well for months. On the 28th December 1850, he had no appetite; the tongue dry and white; at night febrile heat, at other times pale, and again wasting away. After a few doses of *apis*, improvement.

On the 1st January 1851, I saw him again and left a few doses of *apis*, in order to indulge the mother, in case they should be requisite. Shortly afterwards she gave him a dose and he became worse; she then gave him a second, and so on, and he got worse and worse, until at last the medicine created such a disturbance that his life appeared to be in danger for twenty-four hours. I was absent at the time, at the meeting of physicians at Utica, and when I saw him the disturbance was almost past. The mother told me that he got hot all over, red in the face as if he had scarlet fever, with an eruption like measles; he coughed and breathed with a great difficulty, as if he had croup, with muttering, delirium, &c. He got from an allopathic

doctor an emetic of ipecacuanha, which relieved him much. In a few days he was quite well.—Bishop.

CASE XI.—A man, 35 years of age, whom I saw at the beginning of his illness, seemed to me to have the fever endemic in the place where he lived. Rigors for five or six days with little heat. In a few days he was so much better that he could go about a portion of his work. I did not see him for a week after this, and when I was again called to him, his wife told me I had mistaken the nature of the disease, and that he was affected with inflammation of the lungs. I found the following: soreness of the chest, as if from a recent injury; the chest feels as though it had been jammed, beaten or bruised, especially on the left side. Deep inspiration increased these symptoms but little. Tendency to chilliness, and increase of the disease every other day. Pulse 65, soft and weak; cough harrassing, especially at night; short breath, the breathing is much affected by exertion; appetite and bowels in order. Merc. relieved the cough, and by the aid of Ars. the aguish symptoms ceased for near two weeks. There remained however the lame, sore, bruised feeling in the chest, also the prostration and dyspnœa; the chills likewise returned partially, and every other day a slight increase of the symptoms. Thus it continued for about two weeks, and he did some work and took a few doses of Merc. for the cough. In the night of the 10th November I was summoned to see him, and found him apparently with inflammation of the pleura and diaphragm; little cough; breathing very painful; pulse somewhat full and accelerated. He got Acon., and then Bry. 3, a drop every three hours; and the next day he was much better. Bry. 6, every eight hours. Pain and soreness much better for several days, but the dyspnœa and prostration continued. The peculiar sensation in the left side under the short ribs and in the mediastinum returned. Breathing did not increase the pains. I thought a chronic rheumatism must be at the bottom of it. He now directed my attention to an eruption, which he called salt rheum, which had plagued him many years. When it went away he always got his rheumatic pains, which went off when the eruption reappeared. I now recollected that five or six years before I had given Ars. on account of an eruption on the hands, with the result that the eruption never again appeared on the hands, but several times only on the body, especially on the chest. For some time previous to the last illness he had seen nothing of it; I gave him now

Ars. and other medicines without particular good effect ; he finally resolved either to go South or to try the water-cure. On again carefully examining him his disease seemed to present some analogy to the effects of *apis*, especially in the following particulars : sensation in the pectoral muscles as though they had been jammed, or beaten, or bruised ; pain in the left side under the short ribs ; dyspnœa, especially after exercise ; tendency to chilliness and a quite peculiar prostration of the vital force of the nervous centres. This consideration, and several observations with this remedy in psoric diseases, determined me to try *apis* 3, in quarter-drop doses. After the first dose the symptoms in the region of the diaphragm and stomach above described appeared, followed by a painless diarrhœa, such as *apis* is apt to produce. I saw him next day, and he assured me that he had now got the right medicine, he felt better than for weeks, stronger and more as he used to be ; he had no dyspnœa, and no soreness or pain in the chest. He continued to take a dose every day, or every other day, for some time, and since then has remained quite well.—Bishop.

CASE XII.—A girl, 2 years old, had violent fever with dry skin ; full pulse ; laboured breathing, as in croup ; painless diarrhœa, yellowish, sometimes greenish and slimy ; tongue slightly furred, white ; disturbed sleep, with muttering and incoherent talking. Acon., Bry., Hepar, and other medicines did no good during three days. The breathing became very laboured, and was chiefly performed by the abdominal muscles ; countenance red, with increasing livid hue. The fourth day the pulse less frequent, but as hard as though shot or other round bodies passed through the artery ; cough, with that threatening resonance that bespeaks an implication of the upper parts of the windpipe. I thought the child would die, but left her three doses of *apis* 3. The next day she was better ; the face was natural looking ; the pulse much improved ; the fever almost gone ; the appetite better ; she had slept well, and without muttering or starting. I continued to give the remedy in decreasing doses, and discovered her the following day quite cured.—Bishop.

CASE XIII.—A man, aged 28, of sanguine nervous bilious temperament, became suddenly paralysed in the whole right side, with violent deliria, sometimes amounting to complete frenzy. His wife told me that before this attack he had sometimes had whitish violently itching swellings on the head, and sometimes on the neck.

On that account I gave *apis* as the first remedy. In less than an hour afterwards the eruption came out in innumerable spots on his head, and he became much quieter. Before morning, however, these swellings had disappeared, and his frenzy was so great that he required three men to hold him in bed. I gave Hep. Sulph., and after fifteen minutes, *apis*. He became more rational in the course of the day, and his eruption came out plentifully on the calves. It was frequently repeated and always with benefit.—De Bonneville.

CASE XIV.—A girl, 8 years old, had been ill for about a fortnight. In the day time she was always sleepy, and in a dull, stupid state; at night always speaking in her sleep, which was full of dreams; towards morning her sleep was so profound that she had to be taken out of bed and well shaken before she could be awakened. The greatest lassitude and languor; pale face; the urine scanty; bowels confined. The mother told me that eight years ago another daughter at the same age fell ill in the same way, and at length died of water on the brain. The mother was very subject to nettle-rash, which shewed itself in several elevated patches on the legs, painful and tender to the touch, and always in its progress got a purplish livid hue. Some such spots, though without elevation of the skin or hardness, were observable on the neck and forehead of the sick child. I gave her three doses of *apis* 2—she got one at 11 o'clock, A. M., a second at 3, P. M., and the third at 7, P. M. For the first time since her illness the sleep was good the following night, she awoke in good time the following morning, was lively, disposed to play and to amuse herself about the house, and her complexion was better than it had been for a fortnight. The amelioration commenced perceptibly after the second dose. The following day I gave three similar powders of *apis* 3, and the next night was more disturbed than the preceding one, but she awoke early and played in the afternoon outside the house. The second or third day after taking the medicine there appeared hard purplish spots on the face, forehead, neck, and lower extremities. These remained for twelve days hard and painful, after which they went off. It took some time before the patient regained her previous strength, but gradually she got perfectly well.—Bishop.

CASE XV.—A man had an eruption over almost the whole body. Small pustules arose under the skin, with burning, smarting and stinging; when they became ripe there appeared small scabs on

them, which were dry, brownish or straw coloured. The same eruption came out on the inside of the thighs, under the knees, on the hands, in the face, on the neck, but most towards the middle of the body. Along with these there was diarrhoea in the morning for three or four weeks, thin, watery, yellowish, sometimes with gripings, but generally without. For ten days he got Rhus and antipsoric remedies without any relief to his symptoms. The burning and stinging character of the eruption decided me to give *apis*. I had only the tincture with me, so I took a small portion of a drop and put it in a cupful of water, one tea spoonful to be taken twice a-day. He was cured very rapidly and perfectly.—Bishop.

CASE XVI.—An aged woman, of light complexion and lymphatic temperament, had long suffered from dropsical swellings of the belly and limbs; the ankles and feet were very œdematous and clumsy; the urine scanty and high coloured; she complained also of prostration and lassitude. She had taken many medicines without effect. *Apis* 30 had an immediate good effect, and has since then always relieved her, when from over exertion or other cause the dropsy again displayed itself.—Humphreys.

CASE XVII.—A woman, 58 years old, had for several years suffered from anasarca, and latterly exhibited distinct signs of water on the chest. Sensation of fulness in the chest; short breath; sometimes dull, sometimes sharp pains in the chest, and inability to lie in the horizontal position. On the 10th December 1850, she commenced taking *apis* 3 every other day for two or three weeks, then at longer intervals, with complete relief to all these symptoms. In June 1851, she was still quite well.—Dr. Wells.

CASE XVIII.—An octogenarian woman, of sanguine, nervous, bilious temperament, had a paralysed arm, which, together with the hand, was swollen, white, and puffy. Three doses of *apis*, one each day removed this completely. Three months later, after a severe mental shock, she became paralysed on the whole right side. Ten days after the attack the swelling commenced to appear on the whole right half of the body, so that the right eye was closed up by it. A few doses of *apis* removed the swelling.—De Bonneville.

CASE XIX.—A boy, 3½ years of age, had had in September enteritis, from which he had made a rapid recovery; but afterwards dropsical effusion into the abdomen took place. The abdo-

men was very much distended by the fluid; the countenance sunken, pale and sickly; the pulse quick, somewhat wiry; the appetite bad; the urine scanty and high coloured. He got *Ars.*, *Dig.*, *Dul.*, *Merc.*, *Chin.*, *Sulph.*, without effect. The dropsy increased, so that on the 10th of February, as he could only breathe in the erect position, I tapped him and drew off from seven to eight pounds of a dark, sily, muddy serum. After this I gave a drop of *apis* three times a day for five or six days, with two doses of *Merc. sol.* interposed. The urine became more copious, but water could be again detected in the abdomen. As the quantity of urine increased and the patient improved generally, I now gave four or five globules of *apis* 3, three times a-day for five or six days, with progressive amelioration. After this he only took it twice a-day, and continued on with it until he only took a dose every third night. The boy has now no water in the abdomen, is lively, has a good appetite, the bowels are regular, and in every respect he bears the promise of robust health.—Dr. Greene.

CASE XX.—Interruption of the rash in scarlatina in a boy of six or eight years of age; with violent fever; extreme heat; congestion of blood; injected eyes; and violent delirium lasting two days. Neither *Acon.*, nor *Bell.*, nor *Bry.*, nor *Hell.*, was of any use. *Apis* every three hours; two or three doses brought out the eruption, whereupon the congestive symptoms and delirium ceased and the patient was cured.—Dr. Robinson.

CASE XXI.—A girl of 9 years of age, was attacked by scarlet fever on the 4th December, 1851. The disease ran its course with the usual phenomena; the patient got *Acon.*, *Bell.*, *Merc. viv.* from the 3rd to the 6th dil., two or three doses of *Nux vom.* 30, and the same of *Sulph.* 30, and was dismissed on the 16th December. I heard nothing more of her until I was summoned on the 31st of December, and the mother told me that the child had since been not quite right although she was already out of bed; but for three or four days past she had observed that the face was swollen and the belly full and hard. The face was full and puffed, especially about the eyes, had an anxious expression; the belly was much distended, and the whole body anasarcous; the heart beat violently, and could be distinctly heard all over the chest; the pulse was over 160; the breathing extremely laboured, panting and accelerated; she could not lie down; the urine scanty and high coloured; the skin hot and

dry; she had thirst; was entirely free of pain. She got Acon. and Ars. In the evening she was no better; little change except a slight diminution of the thirst and external heat. Bell. and Ars. were given alternately. On the 1st of January 1852, in the morning, no better; the respiration more laboured; the pulse weak, very quick and intermitting; the limbs cold; some perspiration; no increase of the urine. She got Acon. and Helleb. In the evening no change, except the pulse somewhat fuller and more regular. She got Dig. and Helleb. in alternation. On the second Jan. much worse. Face and lips livid; breathing gasping and excessively rapid; pulse indistinct; cold sweat; face and extremities cold. I told the parents I scarcely expected she could live over the day, but I would give her something and come back in the evening. I left *apis* 3, a drop to be taken every two hours. When I saw the patient in the afternoon I was astonished to find her alive and even somewhat better. The livid colour of the face was gone, a slight warm sweat had appeared, the extremities were warm, the respiration better than it was at my first visit, although still laboured and accelerated; the pulse fuller and regular. Since noon she had commenced to pass water in larger quantity, and it was still increasing. She continued with the *apis* every four hours. In the morning of the 3rd January I found the patient better in every respect, she was able for the first time for four days to lie down. During the night she passed three pints of urine of a dark colour, without sediment. She continued with the *apis*. From this period she continued to improve rapidly, the dropsical symptoms declined in proportion to the quantity of urine she passed, without her getting any other medicine than *apis* three or four times a-day. On the 10th I dismissed her completely cured.—Dr. E. A. Munger, *North American Homœopathic Journal*, No. VII, p. 297.

“During the past winter,” writes Dr. Munger, “I have had several cases of dropsy as a sequel of scarlatina, which I have uniformly treated with *apis* successfully, in most cases using no other remedy whatever. I have tried no dilution but the third, having been perfectly satisfied with the operation of that. There is one condition of urine which I have noticed in all the cases, which consists in a peculiar dark colour, very nearly resembling an infusion of black tea, or water sweetened with dark coloured molasses. I have observed in one or two cases a clouded appearance of the urine, and in one case only a sediment, which was of a reddish brown colour.”—*Ibid.* p. 299.

CASE XXII.—A strong athletic country gentleman, 35 years of age, came to me in the summer of 1850 suffering from general dropsy. He had been swollen for a considerable time, had had an allopathic physician, who gave him among other things *Digitalis*, which he had been using up to this time. He complained of no pain; had little appetite; was very stiff, could with difficulty stoop and rise up again on account of the great hardness and swelling of the legs; the eyes were affected, he could not perceive objects at a very small distance, and could only see near objects with difficulty, so much so that he could not go alone in the streets. On examination I found the pupils almost insensible to light, they contracted and dilated but slightly, they were as if paralysed, evidently from the effects of the *Digitalis*. At first sight of the case it seemed as if it would be best not to give anything; but out of zeal for the cause of homœopathy I undertook the case, and gave the remedies that seemed best indicated for four or six weeks without any improvement. I then gave him the trituration of *apis* for three weeks. I had him weighed before and after this, and he now proved to be twenty-one pounds lighter. He passed great quantities of urine, and had frequently to rise in the night to do so. During this time the swelling gradually disappeared and his limbs recovered their former elasticity, and in other respects he felt quite well, except that he remained blind. He asked me if I could promise to cure this blindness, and as I was unable to do so, he sent for a professor in Philadelphia, and as this gentleman did not come immediately, he sent for another, who had the reputation of being a good oculist. He came and stated that the liver was the cause of his blindness. When he had left, the one first sent for came, and said the same thing; viz., that the seat of the disease was in the liver, and that it betrayed itself in the eyes by amaurosis. Both of them saw just as far as the patient himself. Had the liver been the cause of the dropsy, the dropsy would have continued until the liver was cured. They set to work to make a grand cure, and gave Blue pill, &c., until the dropsy returned and convulsions came on, and death at length put an end to the patient's sufferings. The autopsy shewed that the liver was quite healthy.—Dr. Gardiner, *Philadelphia Journal of Homœopathy*, v. i, p. 83.

CASE XXIII.—An unmarried woman of 32 years of age, of bilious temperament, had suffered for several years from menstrual derangements, for which she had used many remedies, but for the last two

years she had ceased to take any thing for it. At the catamenial period she suffers from violent, cramplike, bearing-down pains, like labour-pains, which last a whole day, and are followed by a scanty flow of dark bloody mucus, that lasts twenty hours. She is much emaciated and her skin is wax-coloured; she has no appetite, and her bowels are regular though the motions are hard. Crocus, Pulsat., Sabina and Sulphur did but little good. In February 1852, I gave her a grain of the third trituration of *apis*, in four table spoonfuls of water, the day before the pains should attack her,—for she could calculate exactly the time of their appearance—a tea spoonful every six hours. She took five tea spoonfuls, and the effect was that the catamenia appeared next day, and were of a proper colour, the pains though violent were much slighter in comparison with the previous menses. The flux lasted twenty-nine hours, the pains went off gradually, and she felt better than for years. In March I repeated the medicine, the pains violent, flux right and lasting forty-eight hours. In April: pains more bearable, flux normal and lasting sixty-two hours.—Dr. J. R. Coxe, *Philadelphia Journal of Homœopathy*, vol. i, p. 86.

CASE XXIV.—An unmarried woman, 27 years old, of nervous temperament, irascible but easily soothed; no catamenia for five or six years, except now and then a trace. She has but little pain, but violent headache and rush of blood to the head, causing delirium; for several months very scanty high-coloured and often scalding urine; œdema of the feet and legs; latterly the abdomen has also begun to swell, with much difficulty of breathing, especially after going up stairs quickly; appetite good; bowels regular. She took much exercise in the open air. Acon., Bell., and Glonoine did little good. *Trit. apium* was now given in the same way. The catamenia did not appear, but the urine was increased and soon exceeded the quantity of the drink. Thereupon the swelling and difficulty of breathing diminished. At length after five weeks traces of the catamenia appeared for three hours. I discontinued the remedy for twenty-eight days. On the 30th day after the appearance of the catamenia above alluded to I again commenced the medicine. Accompanied by much pain the catamenia appeared as a copious discharge of clotted black blood, in appearance like masses of putrid calf's liver. This was followed by a more normal discharge, lasting fifty-four hours. Her general health is better; the headache almost

gone ; little congestion of blood ; humour better.—Dr. J. R. Coxe, *ibid.* p. 87.

CASE XXV.—A girl, 3 years of age, got a swelling of the right labium pudendi, with violent inflammation and great pain ; no cause could be assigned for it. Pulse quick and very hard ; slimy, greenish yellow coloured diarrhoea. *Trit. apium* 6, in water, every four hours. In twenty hours the pain was gone, the flow had ceased, also the diarrhoea ; the swelling was diminished to half its size and less inflamed. The medicine was continued every ten hours, and next day the child was quite well.—Dr. J. R. Coxe, *ibid.*, p. 88.

CASE XXVI.—A poor German dug a well in New Orleans in December, 1849. In doing so he caught cold. The perspiration in the feet to which he had hitherto been liable went away, and he got erysipelas in the head ; the eyes were very much inflamed. He was cupped, blistered and mustard-plastered ; an issue was opened on his left arm, and a smarting fluid was dropped into the eyes. “ In eight days ” he said “ he was stone blind.” That was in the middle of January 1850. Present state, 3rd April, 1852, in Philadelphia. left eye : effusion and exudation into the upper half of the anterior chamber, so that the pupil and cornea appear opaque and white. This eye was the first affected. Right eye : in the centre a staphylomatous projection ; the effusion into the anterior chamber extends beneath almost all the cornea ; only inferiorly, and towards the right about a sixth part is free ; the pupil cannot be distinctly seen, but appears to be drawn obliquely into an oblong shape. He can see nothing ; only a slight glimmer of light penetrates into the eye. On shutting the right eye he is aware of the projection of the cornea, it feels tight. The feet and legs up to the middle of the thighs are always as cold as ice, without sweat ; even when he walked in summer he did not perspire. Bowels very constipated, sometimes only open once a fortnight. He got a dose of Humphreys’ Tincture of *api* 30. On the 8th of April he says : “ I can actually see again ; there only seems now to be a whitish grey mist before the eyes ; I can see your eyes, and the paper you are writing on ; I can distinguish the white window frames across the street ; I came here to-day without any one to lead me.” Still no perceptible alteration was observable in the eyes. The amelioration commenced two days ago. Last night the legs were warm for the first time, and to-day after walking he feels as if the feet would perspire again.

April 14th.—For the last four or five days he has had no tense feeling in the right eye on shutting the lids; the staphylomatous projection of the cornea is nearly quite gone; the clear space in the anterior chamber has increased; the left eye has become more transparent, but the right one gets better more rapidly. He was much better. Since the 12th the feet have again perspired; the legs have their natural temperature; the bowels also have become regular.

April 23rd.—The sight continues to improve; the left eye is clearer; the right clear over one half of its extent; the general health good. The patient was obliged to leave Philadelphia.—Dr. Raue.

We cannot pass over this case without a few remarks. The writer is evidently not familiar with the morbid states of the eye. What he here describes as effusion into the anterior chamber was evidently nothing of the sort, else it had appeared at the bottom and not at the top of the cornea. The disease was most probably partial opacity of the cornea, caused by inflammation, ulceration and thickening of its conjunctival covering, a frequent effect of severe and ill-treated ophthalmia. Probably the conjunctiva of the upper lid would have been found highly inflamed and granular. The pretended staphyloma was evidently only a greater thickening of the conjunctiva corneæ of that eye. Is it to be understood that the patient only got one dose of *apis* 30 for the whole treatment?

CASE XXVII.—A woman, 30 years of age, in whom the catamenia were regular, ten years married but without children, had a perceptible swelling and induration of the ovaries, which had commenced on the right side and was worst on that side. She complained of dull pains in the region of the tumours, especially on commencing to walk and on stooping; she feels it least when lying on the right side; sometimes she felt in the same situation a pulsation and movement, chiefly on the right side, more rarely on the left; very frequently bearing-down pains in the small of the back. At the same time she had constant urging to make water, but she passes but little at a time, she has to get out of bed about a dozen times in the night. She got Humphreys' Tincture of *apis* 12, a drop morning and evening for four days. Whilst taking this the catamenia came on, soon ceased, and only reappeared after a week. After she had ceased taking it,

her ailments began to improve, and they improved materially, especially the urinary sufferings; but she is not yet well.—Dr. Neidhard.

CASE XXVIII.—A woman of apoplectic habit, with a large head and short neck, had for a short time a red swelling of both ears, with shooting burning pains in them, and every evening rose of the face. Frequently vertigo, as if she would fall, with obscuration of the sight; nausea and disgust at food. Besides this, hard and costive motions. She got Humphreys' Tincture of *apis* 12, four times, and all her sufferings became aggravated; they improved however after leaving off the medicine, especially the ears and the erysipelas of the face. On account of what remained she got Graph. with good effect.—Dr. Neidhard.

CASE XXIX.—Within the last year or two several cases of a peculiar form of erysipelas have occurred in my practice, which have yielded so uniformly and promptly to the *apis mel.*, that I now consider it a specific in those cases, and prescribe it alone with perfect confidence. Since I commenced using it, I have in no instance been obliged to resort to any other remedy, and in some cases only two or three doses have been found necessary to effect a cure. I have kept no record of the cases, consequently am unable to follow up their history from day to day. The principal symptoms which manifest themselves are hard, red, somewhat conical swellings, occurring usually on the lower extremities below the knees, but sometimes on the arms, and occasionally, but rarely, on other parts of the body, varying in number and size, some being no larger than a half-dime, others an inch or two in diameter. Heat; redness; *extreme soreness*; and a burning, smarting, stinging pain are the principal characteristic symptoms. In from two to six days the spots which first made their appearance become livid, and the swelling, heat, and pain subside; but unless the disease is checked, new ones continue to appear for an indefinite time. There is usually but slight general swelling of the limbs affected, and but little febrile excitement or other constitutional symptoms, but in a few instances they have been considerable. The heat, redness and form of the swellings, as well as the peculiar character of the pain accompanying them, resembling so nearly the effects of bee-stings, first suggested to my mind the trial of this remedy before I had any provings of it, and the results have been such as to warrant me in recommending it to the notice of the profession. I have usually administered it in drop doses of the second

or third dilution, once, twice, or three times a-day, until a cure was effected.—Dr. Munger, *North American Homœopathic Journal*, No. vii, p. 299.

CASE XXX.—A gentleman of 70, feeble constitution, lymphatic temperament, light skin, blue eyes, was seized, after an attack of influenza, with dropsical swellings of the chest, abdomen, feet and legs. He was unable to lie down without panting, and was always worse towards morning; urine reduced to a half-pint per day. *Apis* 8 (dec. dil.); after three days the urine began to flow freely; between 8 and 9, A. M., two quarts would frequently be discharged; and under the use of this remedy subsequently alternated with *Ars.* 60, the patient entirely recovered.—Dr. Barker.

Some of the above cases have already appeared in the *Homœopathic Times*, copied from the American Journal, but we have thought it right to repeat here those which seem to illustrate some particular points of practice. Three of the above with the signature De Bonneville, seem to have been furnished by a Mme. De Bonneville, possibly one of the Doctresses now so common in America. Dr. Hering, writing for Germany, where a female doctor might not perhaps be appreciated at her Transatlantic value, disguises her sex under the more masculine appellation of “M. De Bonneville.” If she be a regularly educated Doctress, we do not see why her testimony should not be accepted as equal in value to that of a regularly educated person of the rougher sex; indeed it would be the climax of ungallantry to reject her evidence under such circumstances; but whatever the state of the case may be, we must throw the responsibility of bringing her into court on Dr. Hering and Dr. Humphreys, and leave each reader to form his own opinion as to the intrinsic worth of the cases she records.

We have great pleasure in adding the following remarks on *Apis* which have been furnished to us by Dr. Madden of Brighton.

Cases illustrating the action of Apis mellifica,

By Dr. MADDEN.

The preparation employed in all the following cases was thus prepared. Into a vial half filled with alcohol a number of live

bees were dropped, taking only the workers, which were caught as they proceeded in and out of a hive in active operation. When quite dead they were turned out into a mortar with the alcohol and thoroughly pounded, and then rubbed up with sugar of milk into a magma, which was allowed to dry by spontaneous evaporation: the mass was then carefully triturated with milk-sugar and reduced to the 3rd decimal dilution. By weighing the vial before and after the bees were introduced, their exact weight was ascertained. The milk sugar was so proportioned, that the 1st decimal dilution contained exactly $\frac{1}{10}$ th part of its weight of the insect.

I have hitherto used no other dilution than the 3rd decimal, and the normal dose has been half a grain at a time, repeated three or four times a day according to circumstances.

That Apis will aid the absorption of effused serum and prevent its exudation when threatened, I have abundant evidence to demonstrate, nay, its effects are at times produced even when the effusion is consequent upon incurable organic disease, *e.g.* in the following Case I. of Ascites and Œdema of the lower extremities, in a lad of an intensely scrofulous habit and who had long suffered from mesenteric disease and phthisis, the effused fluid was almost totally absorbed in three weeks, and gave the lad and his friends the idea that he was rapidly recovering, whereas the original disease proceeded unchecked, and he died five months afterwards of fully developed *phthisis*, without however any considerable return of dropsical effusion. Again in cases II. and III. of Œdema of the legs: a complete absorption of the fluid occurred in No. II, and an almost complete removal of the swelling was effected in No. III, whereas neither the rheumatic paralysis of the former nor the uterine affection of the latter case were in any sensible degree influenced by the remedy.

When however the effusion of serum is the result of an inflammatory process which itself constitutes this disease, the remedy then acts favourably not only upon the effusion, but removes the inflammatory action at the same time, and thus effects a complete cure. This is well exemplified in cases IV. and V, where there was marked evidence of *arachnoiditis*, and where

not only the threatened or actually effused serum was reabsorbed, but the meningitic condition was entirely removed.* In case VI, hydrothorax had previously existed, according to the assertion of an allopathic practitioner, and there existed considerable oppression of the breathing, so that probably some part of the fluid continued unabsorbed, and here *apis* acted extremely well. I regret, however, that I had no opportunity of determining the presence of fluid by physical exploration.

CASE I.—W. L., æt. 20, first visited Nov. 3rd, 1852, by Mr. De Michele, Surgeon to the Brighton Homœopathic Dispensary. Has been ill some years with general anasarca and ascites; urine very scanty; breathing oppressed; can scarcely walk. *Helleb.* and *nux v.* were first prescribed without effect, and then *apis* was given on Nov. 22. He took half a grain three times a day, and even by Dec. 4 the report is “anasarca lessened;” after which he progressed steadily, and the swelling almost entirely disappeared, until after an attack of pleurisy and severe cough which came on at the end of January, when *Apis* again reduced the effusion, although the cough proved the commencement of the third stage of phthisis, of which he died in April.

CASE II.—Mr. F. aged 80. Has been a patient of mine nearly eight years with chronic rheumatism of the legs and partial paralysis, and he is consequently quite unable to move about, and generally sits in his chair the whole day, and often the greater part of the night also, as the pain in his limbs is frequently aggravated by lying down. Few conditions could be imagined more likely to give rise to œdema of the legs and feet, and few could hold out a fainter prospect of relief; yet, at a time when the œdema was very great, *apis* completely removed it in the space of three weeks. *Apis* also on two occasions relieved the patient of *eczema* of the legs.

CASE III.—A lady suffering from fibrous tumours of the uterus, accompanied by frequent and violent hæmorrhage, and whose general health is so shattered that she has scarcely left her bed for more than twelve months, was attacked towards the end of January last with swelling of left leg, extending from the metatarsus to the knee, and accompanied by great tenderness; some of the lymphatics near the

* We much regret that Dr. Madden has not given us the evidence upon which this most important (if correct) statement rests.—[Eds.]

hip were also affected, feeling like hard cords under the skin, and being extremely tender. I gave *apis* three times a day, and by the 7th of March the swelling of the leg was almost gone, the tenderness removed, and the lymphatics free from hardness or pain. During the decrease of the swelling I observed, as has been usually the case, a considerable increase of urine.

I have used it in other cases of cedema with equal success; one in particular was interesting, because the swelling and pain had lasted many months, and were confined to one leg. The lady (æ. 50) could not account for it at all, and not having an opportunity of examining the limb higher than the knee I failed to detect its cause. The limb was very large and misshapen, and felt exceedingly heavy to the patient. *Apis* greatly reduced the swelling, and *rhus*, which was given for pretty severe pains that then came on, completed the cure.

CASES IV and V.—Were cases of chronic meningitis with considerable cephalic disturbance, and many symptoms indicative of threatening, if not actual effusion of serum into the cavity of the arachnoid. In both these cases manifest improvement occurred from the use of *apis*, but as other remedies were employed before and after it a detail of the treatment would prove too long for insertion.

CASE VI.—Rev. H. B. had suffered from hydrothorax sixteen months previously, and having taken cold ten days before I saw him, experienced a recurrence of his former symptoms, great oppression of the chest, and much cough. I gave *nux v.* and one or two other remedies with benefit to his cough, but the difficulty of breathing and oppression of the chest continued, and led me to fear that exudation had again taken place; I then gave *apis*, and in a week he was entirely relieved of these indications.

The action of *Apis* on the skin is very marked. I have treated successfully by its help—erysipelas, eczema, urticaria, and a severe phagedenic ulcerative eruption, more allied to herpes than anything else, and which had resisted all kinds of treatment for eight years. In erysipelas I can refer to three cases, the particulars of which I need not detail; all of them were slight, and in all the face was the part affected; *apis* acted

rapidly and satisfactorily, and brought the disease to a close in two or three days. In two cases of urticaria the cure was complete in a single day; but in one or two instances of chronic nettle-rash I have found it much less suitable. In eczema, especially the kind termed by Hebra *eczema rubrum chronicum*, I have found *apis* extremely useful but not entirely curative; the disease diminished rapidly and to a great extent from its employment, but in no instance disappeared entirely without the aid of some other remedies, of which *hepar sulph.* has in my hands proved most frequently helpful, either alternately or in succession.

CASE VII.—H. F. æt. 35, has suffered for eight years with a phagedenic ulcerative eruption of the face, which has gradually spread over the left half of his face and head, and where it has healed up has left smooth white cicatrices; the eruption spreads by one edge only; the skin in front of it (*i. e.* in the direction of its advance) becomes red and swelled, and painful, then small pustules appear, which spread speedily and ulcerate into one another, the pus in the meanwhile accumulating and forming a thick yellowish-brown scab. The man said he had had gonorrhœa twelve years ago but not syphilis. Under the influence of *kali bichrom.*, *arsen.*, *mercur. iodid.*, *aurum muriat.*, and *thuja*, he made no progress whatever in four months, indeed the only remedy which seemed to influence him at all was *belladonna*, which simply palliated the inflammation which preceded a fresh outburst of the eruption. I then gave *apis*, and he returned to the dispensary in four days with a great increase of the purulent discharge, on which occasion I did not see him, and Mr. De Michele ordered him *mercurius*, which brought him back to his original state. Ten days after, I repeated the *apis* with the same result of increasing the discharge; I, however, persevered with the remedy, and after he had taken it a week he began to improve, and progressed so rapidly that at the end of five weeks the only remains of eruption was one solitary scab on the nose. During the progress of the action of *Apis* he had a good deal of itching pruriginous rash over his back. Since this time he has again been worse, after catching cold, but *apis* and *hepar sulph.* alternately have proved exceedingly useful, and he is now nearly, though not quite, well.

I have found *apis* on two occasions very useful in hæmor-

rhoids, checking the bleeding and relieving the pain ; but in both I found it necessary to stop the medicine as soon as its curative action was established, otherwise the hæmorrhage returned more freely than ever, but with this difference, that then simply giving up the medicine was sufficient to cure the relapse. I have two or three times found Apis a speedy remedy for the first stage of catarrhal ophthalmia in scrofulous children, and am at present using it in two cases of opacity (or rather considerable opalescence) of the cornea, the result of scrofulous inflammation ; in both the corneæ are becoming clearer, but neither case has as yet proceeded far enough to allow me to speak with certainty. In one there was chronic conjunctivitis with copious muco-purulent discharge, which has greatly diminished since Apis has been taken.

I have only found it useful in one case of *amenorrhœa* as yet, but its proving points strongly to the uterus, and probably further experience will help me in detecting the exact kind of cases to which it is applicable.

We have not as yet had a very extensive experience of the therapeutic application of Apis, but from what we have seen of its utility in several severe cutaneous diseases, in œdema connected with renal and pulmonary disease, and in other cases, we are inclined to regard it as a most valuable addition to our materia medica, and earnestly recommend it to the attention of our colleagues.

ON FEVER AND BEDSORE,

*A Clinical Lecture, delivered at the London Homœopathic Hospital,
March 23, 1853,*

By S. YELDHAM, M.R.C.S.

It was my intention, gentlemen, when last I had the pleasure of addressing you, to proceed, on the present occasion, to the consideration of an entirely different subject from that of the treatment of ulcers, which then occupied our attention. I have, however, had under my care so striking an example of one of

the kinds of ulcer to which I alluded, viz., bed sore,—a case in some other respects also, so interesting, that I am induced to bring it under your notice.

The case is that of Henry Turner, who is still in the men's ward. He was admitted July the 6th, last year, and has, consequently, been in the hospital eight months. When admitted he was 18 years old. He is the son of delicate parents; the father having been known to me for the last twelve years, as one of the most scrofulous men I ever saw; the mother being also delicate, thin, of short stature, and stooping gait. They have all been teetotallers the last six years. The son has lately grown very fast, and before his illness was pale and of a leucophlegmatic aspect. He was under my care some days before his admission here, for all the symptoms of coming fever. I gave him an order of admission on the 6th of July, when he is reported to have had headache; pains in his limbs; a whitish furred tongue; dry taste in the mouth; pain under the sternum; bowels rather free; pulse soft, and not particularly accelerated. These symptoms, taken in connexion with his age, previous abstemious habits, rapid growth, and hereditary constitution, were fore-shadowings of one of those attacks of adynamic fever of which this metropolis, and all large and crowded cities, furnish so many examples. The reality soon followed.

I will not occupy your time with the daily reports of this case, which, from first to last, has spread over so long a period. A sketch only will suffice for all useful purposes.

From the 7th (the day after his admission) to the 12th he appeared to be getting on well. Most of the symptoms were mitigated. He had Pulsatilla, Bryonia, and Nux vomica in succession. On the 13th he had congestive inflammation of the fauces and tonsils, with headache, and some deafness, and was very weak. He had Belladonna, three doses; then Rhus, of the 3rd power, every four hours, and the next day was relieved; but there supervened other signs of prostration: trembling of limbs and tongue; relaxed bowels—one evacuation passing involuntarily. Rhus still. and broth.

16th.—Not excited by the food; feels stronger; bowels quieter. 17th.—Still better; pulse 96, and stronger, though

still weak; no pain anywhere; bowels quiet. He continued apparently to improve till the 20th, when the bowels, after being quiet four days, suddenly became relaxed,—the evacuations being watery, yellow, and offensive. He had been restless, moaning, and talking. Arsenicum 3rd, every four hours. For the next three or four days, much the same state of things continued, but with an increasing typhoid tendency: such as dry brown, furred tongue; deafness; cool skin; stupidity; lethargy; muttering; small, feeble, pulse; involuntary stools, and the like. On the 24th—reported as in a soporose state, from which he is easily roused to take his drink, which he does with avidity. It consists of small quantities of port wine and water, and beef tea. Phosphorus 3rd, every two hours; having, during the two previous days, had Rhus 3rd, every four hours.

25th.—Much lower; pulse scarcely perceptible; skin cold; teeth covered with sordes; the bowels quieted. The same treatment.

26th.—Tremulousness increased; carphologia; does not answer when spoken to; the bowels remain quiet; objects to take anything. Carbo vegetabilis 3rd, every hour. Afternoon—sinking rapidly; trembling; subsultus tendinum; occasional delirium; no pulse; cool skin. Brandy freely; half-an-ounce every half-hour, and same medicine.

27th.—Passed the night in a restless state of delirium; tongue dry and hard; feet warm; passes urine involuntarily; pulse again perceptible, but quick and trembling. Continue Carbo vegetabilis, and brandy, and beef tea. Evening—slight improvement; seems conscious; takes the brandy with eagerness, and not the least excited by it.

28th.—Improving; had better night; has passed an evacuation of a firmer and healthier character; skin a little warmer; more conscious; trembling continues; face sunken. Brandy and water at longer intervals, beef tea, and Carbo vegetabilis.

29th.—Has passed a quiet night; sleep more natural; pulse fuller; beef tea substituted for the brandy, the pulse having become accelerated. Night—Has continued to improve steadily; takes beef tea with avidity, a quart within an hour-and-a-half in the evening.

This was the turning point in the case. He continued to improve slowly but steadily till the 3rd of August: the tongue becoming moist, the pulse firmer, the bowels acting favourably; but on the 3rd there was a return of the collapse. The pulse was, at ten o'clock at night, again imperceptible; the skin and extremities cold; twitchings of the hands. Again he had brandy freely, and with the happiest result. The next day he had rallied. He continued the brandy in smaller quantities, and at longer intervals than at first, with *Carbo vegetabilis*, and beef tea and light sago pudding. He went on for the next month favourably, with such variations as commonly attend upon convalescence from fever; the leading characteristic being still want of vital power. We were forced to continue the stimulants (port wine being substituted for brandy) for a long time at intervals; for as surely as they were withdrawn, the patient showed signs of a relapse, notwithstanding that the bowels remained quiet, that he took nourishment with greediness in the form of beef tea, arrowroot, pounded meat, milk, &c. At the same time that he discontinued the brandy, he commenced taking Cod liver oil, with decidedly good effect; for the appetite for other food became more genuine, digestion more vigorous, and his strength steadily and permanently increased.

I must now refer to that concomitant of this case which brings it legitimately within the category of ulcers. I allude to the bedsore, which manifested itself just as we were getting over the most alarming symptoms of the state of actual fever.

It first showed itself (as these sores most commonly do) over the sacrum—a large slough of an oval form, the two diameters measuring respectively, about four and six inches. The entire skin and cellular tissue gave way, and exposed the periosteal covering of the sacrum, presenting a frightful cavity. The slough separated kindly enough under the action of linseed poultices. From this main sore, fistulous abscesses extended upwards towards the loins, and laterally also, and discharged for sometime very profusely. These were obliterated by pad-dings and pressure, and healthy granulation commenced in the sore immediately on the separation of the slough. About this time, other parts began to give way, and, indeed, almost every

point on the lower limbs, on which, from their prominence, there was extra pressure, ulcerated. This was the case with the heels, over the condyles of the femur, the heads of the tibia, the ankles, the hips, and later the point of each ilium, as successively he rested on the one and the other to relieve the sacrum; and at a still later period, when convalescence had proceeded so far as to admit of his being turned on his face, the knees, tops of the feet, and tips of the toes, also, fell into sores. At one time there were at least a dozen of these places. I need not point out how greatly these added to the difficulties and danger of the case. The smaller ulcers healed as well and speedily as could be expected;—granulation going on *pari passu* with the return of bodily strength. Linseed poultices were applied in the first instance, then cold water, Calendula, and once or twice Nitrate of silver. The larger ulcer progressed uninterruptedly under a change of these several applications; but as its extent was so much greater than any of the others, so has its filling up, and especially its cicatrization, occupied a longer space of time. At one period, about a month ago, it had all but entirely healed over; but the weak skin again gave way, and extended into a superficial ulcer of about the size of a crown piece. Dr. Hamilton, under whose care he has been during the last two months, has been using a weak solution of copper (four grains of the sulphate to a quart of water), and the wound has now entirely healed. The patient is well in health, and getting fat. Some stiffness and contraction of the lower limbs, consequent upon so much disease and long disuse of the parts, are the last vestiges of this remarkable case that have still to be overcome.

The foregoing case (of which I have given but a mere outline), suggests several points of interest and instruction.

The most striking circumstance attending it was the absence of vital power, which characterized its whole progress, and impressed itself upon every other feature. From first to last there was almost total absence of pain, notwithstanding that those local congestions and inflammations, in which I believe fever mainly to consist, were by other signs rendered sufficiently evident. Thus, during the stage of incubation, there was head-

ache, aching of the limbs, and feverishness; showing the first impression made upon the general organism. To these succeeded the stomach disturbance, indicated by dry coated tongue, loss of appetite, &c.; then followed the irritation of the alimentary canal, indicated by diarrhoea; and lastly, the centre of the nervous system—the brain, became affected: he was deaf, soporose, delirious. How far the want of power which characterized this case was the result of the patient's age, rapid growth, weakly constitution, and teetotal habits, it is impossible to decide; I doubt not but that they predisposed the system to put on the particular type of fever which the case assumed; and such circumstances, when they occur, should be kept in view, as bearing upon the treatment. But the chief determining cause, was, I believe, seasonal, or atmospheric influence: that influence which regulates the peculiar type of most of our diseases. These types we know vary in almost every successive year, and last year, nearly, if not every, case of fever we had in the wards, assumed a low, powerless, adynamic aspect. Those who frequented the wards at that time will recollect several cases of this kind. One old woman in particular, who, though no relation to the youth, Turner, by a curious coincidence bore the same name, had an attack of fever succeeding erysipelas of the head, marked by the same want of power, the same absence of pain and the same class of local symptoms (with the happy exception of the ulcers), and required, to a lesser extent, the same kind of treatment, both medical and dietetic.

Turning to the disease as it presented itself in this youth, we see that the earlier stages were not marked by urgent symptoms; indeed, throughout, they were rather of a negative than a positive character. For those early symptoms, indicative of gastric derangement, he had *Pulsatilla*, *Bryonia*, and *Nux vomica*, and with success: the symptoms yielded. And this leads me to warn the student of homœopathy against forming a disparaging opinion of the effects of homœopathic remedies in fever. He sees a certain set of symptoms relieved, and others spring up in their place, from which he is apt to conclude that our remedies do not exert a curative action. This is an error; if, as I believe, fever depends upon a certain diseased condition of the

blood, giving rise to successive attacks upon different structures, he will see that our remedies, in relieving these successive attacks, do in fact, so far cure. And in this we certainly stand on high vantage ground as compared with other systems; for whilst, as I have just said, we can control these local maladies, as effectually when they occur in fever, as when they occur independently of it, the utmost that can be effected by other systems, is, either to employ strong and debilitating measures, such as the exhausting and protracted nature of the disease render inadmissible, or, what has now become the general rule, to stand by with folded arms whilst the disease and the patient fight out the battle as best they may. Let the student, therefore, not suppose that because we cannot *stop* fever, or because, one organ being relieved another becomes implicated, we are powerless. It is in this very capability of relieving organic lesion, that the power of our remedies and the excellence of our system are so conspicuous.

To return from this digression. Another class of symptoms coming uppermost, other remedies were required. The mucous membrane of the bowels became irritated; and at the same time there was evidence of great disturbance and exhaustion of the nervous system: involuntary watery evacuations; deafness; and lethargy:—a kind of typhus stupidus. For this combination of symptoms Rhus is strikingly indicated, and is one of our best remedies. It was accordingly administered, and with good effect. Subsequently, another remedy, closely allied to Rhus in its symptoms, and invaluable in many kinds of low fever, viz., Phosphorus, was given. It is often singularly efficacious in the painless, rumbling, involuntary diarrhoea which attends upon these typhoid cases, and here it at once controlled the action of the bowels, as it did also at a later period of the case. In the collapse which supervened, our sheet-anchor, as a medicine, was Carbo vegetabilis. This remedy exercises a surprising power in restoring the fast ebbing powers of life; and I hardly think there is any medicine in the old school, which, even in heroic doses, equals it as a stimulant. I speak in this qualified way, because the prompt effects of what are called diffusible stimuli in large quantities are undeniable, and

under particular circumstances we do not hesitate to employ them. These circumstances are, however, I think accidental. A person faints from fright or the shock of a local injury: here, the impression being temporary, direct stimuli are useful, and superior to our agents in homœopathic doses; but in exhaustion as the result of disease, I believe that our remedies, acting upon the cause of the exhaustion, are superior. The *Carbo vegetabilis* was continued throughout nearly the whole subsequent part of the attack, not only as being well suited to the state of exhaustion, but, also, as being indicated by the sloughing on the back and elsewhere.

So much for the medical treatment. We come now to an equally important point,—I allude to diet, under which term, on the present occasion, for convenience' sake, I would include all non-medicinal ingesta. I ventured in my last lecture to offer some remarks upon this subject, expressing an opinion, that low living was not only unnecessary but absolutely injurious in the treatment of many diseases. There is no class of diseases in which restriction is carried to a greater extent than in fevers; and, whilst I admit that in many—nay, in the majority of fevers, this is absolutely necessary, particularly in scarlet fever, and others of a highly inflammatory nature, where the administration of stimuli, whether in the shape of alcohol or the protein compounds, cannot but be hurtful, in others, especially those of an adynamic character, I am as fully persuaded that nutrition is absolutely necessary to sustain the nervous power.

The case now under consideration is a striking example of the beneficial action of nutrition. We have seen that on the 20th day of the fever, almost without warning, sudden collapse supervened; so decided and fearful that one or two of my colleagues, who saw the patient at the time, expressed an opinion, in which I could not but concur, that he was sinking fast, and would probably not last many hours. Can it be doubted that if brandy, or some equivalent (if there be one), had not been administered on the instant, the patient would have sunk? The cold hand of death already pressed heavily upon him, and the almost unlimited use of alcohol alone snatched him from

his grasp; and not only so, but so desperate was the struggle, so determined did the grim tyrant seem not to be robbed of his prey, that for some time after, the moment we withdrew the alcohol that moment the patient began to yield; the symptoms of collapse recurred again and again, and as often we were compelled to resort to the same restorative means, and on every occasion this was done with the same success. It appears that he took three pints of brandy in the first two days; from six to eight pints in the fortnight; from the 8th of August to the 28th, he had eight pints; from the 30th of August to the 21st of September, four-and-a-half pints; after which to the 23rd of October, he had port wine, with an occasional dose of brandy, and thenceforth malt liquor only.

A short time since I had an analogous case in private practice. It occurred in a little girl three years old. She had been ill several days with low fever, which was characterised throughout by great languor and prostration. It had however, so far run its course favorably, and she appeared to be progressing towards convalescence, when, one evening, without warning, collapse came on. The eyes sunk suddenly, deep in their sockets, and became dull and heavy; the skin was cold; the limbs powerless; the pulse slow, and scarcely perceptible; the breathing was spasmodic and sighing, and attended with constant moaning. In many of its features it resembled an ordinary fainting fit; but being aware of the imminent danger of such a state, and seeing that no time was to be lost, I immediately placed some globules of *Carbo vegetabilis* upon the tongue, and administered some warm wine and water, and ordered it to be repeated at intervals according to the effect. She took altogether a considerable quantity, and with avidity too, although she had never before been accustomed to it, and did not like it. There was no evidence of its direct stimulating action, and it was two or three days before reaction was sufficiently restored to admit of its withdrawal.

I would by no means infer from these cases that alcohol is ordinarily required in fevers; I merely wish to shew that when such cases do occur, we may administer it freely, and without those mistrustful apprehensions with which it is the custom to regard it. Under what particular circumstances may this agent

alcohol be employed, and how is it that it is so well borne, and does so much good ?

Its action, I think, is two fold. First, as a direct stimulus to the nerves ; and, secondly, as a generator of heat by its combination with oxygen. A simple hydro-carbon, it is incapable of entering directly into the nutrition of the body. It has been shown pretty satisfactorily, that this and other non-azotized carbonaceous compounds serve as fuel for combustion in the circulation ; in which process they generate heat in the same way as in the combination of carbon with oxygen in the combustion of a camphine or oil lamp, or coal or wood on a fire, heat is generated in those several processes.

There appears to be this peculiarity about alcohol, which suits it, in an especial manner, to certain conditions of the system, viz.—that it is incapable of permanent deposition in the organism. Unlike fat and oil it has no special structure devoted to its reception ; it passes at once, and without change, into the circulation, is rapidly diffused, and, if the system stand in need of it, is rapidly and completely consumed. I say, “if the system require it,” because, it is certain that alcohol is borne with advantage in cases of exhaustion, in quantities which would prove disagreeable, or even injurious to persons in full strength. A more striking case in point than that of Turner could hardly be found. Notwithstanding the large quantities of alcohol which he took, there were none of the usual signs of its presence : no head symptoms, no heat of skin, no smell in the breath,—it was evidently *all* consumed in the circulation ; whereas, in those who are full of health and strength, in whom it is not required, it produces great embarrassment : the system does not know what to do with the additional supply of carbon ; part of it is consumed, giving rise to increased heat ; part of it goes off in the breath unchanged, imparting to it its peculiar odour ; part of it is retained, and produces congestion of the brain, by overloading it with undecarbonised blood.*

We see, then, that in cases of failure of vital power, such as

* We are hardly disposed to give in our adherence to these ultra chemical explanations of the action of Alcohol, although we may agree with all Mr. Yeldham's practical directions.—[Eds.]

occurred in the instance before us, where there is neither time nor power for digestion, where the lamp of life goes out for want of fuel, alcohol supplies precisely that instant aid which the system so urgently demands. It keeps the machine going till food, in more substantial forms, is administered, and a foundation of permanent strength is laid. In all such cases it may be given fearlessly; but in cases where respiration is vigorously performed, and plenty of heat is generated, I believe it will be invariably injurious: simply because it is not wanted.

The same kind of reasoning applies to the use of Cod liver oil, which, you will recollect, was administered later in the case, when the brandy was relinquished. You are aware that different explanations have been put forward to account for its beneficial action in phthisis and other diseases; the favorite one being, that it was due to the small quantity of Iodine it was found to contain. That this is not the true, or only, explanation is sufficiently evident from the generally admitted fact, that, almost any other oil will answer the same purpose; and from the equally notorious fact, that not a tithe of what is sold as cod liver oil has any legitimate claim to the title, but is manufactured, on a large scale, by the admixture of different oils, between which and the cod fish there has never subsisted the remotest relationship. I believe we may find a perfectly satisfactory explanation in Liebig's exposition of the use of fat in the animal economy. Beyond imparting a roundness to the form, and, as a non-conductor of heat, helping to keep the body warm, it seems to subserve no other important purpose than that of supplying fuel for respiration. Like spirit it is consumed by the oxygen of the circulation. How beautifully does this bear upon its action in phthisis and other wasting diseases! In most of these, especially in phthisis, the circulation is accelerated, and the breathing becomes quickened, giving rise to a correspondingly rapid consumption of the fat of the body, and hence the emaciation that follows. The part which cod liver oil, and other fatty substances, such as mutton suet, and the like, play in these cases is evident. They supply the very thing that the system requires, viz.—carbon to combine with the oxygen, and so prevent the latter from exerting its destructive action upon the living tissues; for whilst oxygen is the great vivifying

agent of nature, it is not less potentially the great destroyer of organic matter ; and it is only by keeping up the supply of those materials upon which it may feed with impunity, that we protect the system against its consuming action upon those constituents of the body upon which it may not feed without destruction to life.

The first or direct effect of cod liver oil is, then, to keep up healthy respiration ; and through this function it exerts a secondary or reactionary influence upon every other function, by insuring in the blood the more perfect accomplishment of those changes in its constitution upon which its renovating and sustaining power depends. In what cases and at what stages of disease should this agent be given ? The foregoing remarks will have supplied an answer to these questions. Clearly it should be given in cases of wasting disease, where there is a deficiency of fat, whether that deficiency arise from the exhausting effects of long disease, or from imperfect nutrition : and this may be taken as a general rule :—one would not give it to a fat person, even in lung disease. In such cases it is mere surplusage, which oppresses and embarrasses the system ; and I have generally observed that it has been borne with comfort by those whose condition required it, whilst it offends and is loathed by those whose systems do not require it. These are natural indications which we cannot too carefully respect. I believe it may be given with advantage in the extreme emaciation which results from most fevers, as, for instance, in the subject of this lecture. The stage of a disease at which it should be given is another point to be noticed. We have seen that alcohol is rapidly absorbed and diffused through the body ; it almost instantly reaches the circulation, and seems to require no digestion. It is therefore peculiarly suited to those extreme periods in fever where all the functions of the body, and digestion amongst them, are in abeyance. Oil, on the other hand, having to undergo certain changes in the stomach, requires that that organ should be in a condition to exercise its proper function with some activity. It is, therefore, unsuited to those emergencies to which I have just alluded, but should be given when the function of digestion is somewhat restored, and food or other kinds can be taken.

Why is it that this valuable agent is comparatively so little employed by homœopathic practitioners? * Is it that it is looked upon, not as it really is, as an article of special nutrition, but as a medicine, and therefore, to be avoided, as something savouring of allopathy, and as militating against the principles of homœopathy. Let what may be the cause, I am sure that in this shyness we deprive ourselves and our patients of a great advantage. An instance of this came under my own observation a few days since, in a patient who was transferred to me by a distant homœopath. She was a poor woman of about thirty, who was reduced to a state of great weakness and emaciation by a protracted attack of bronchitis, which, for the last fortnight, had confined her to her bed. Her late attendant evidently entertained the worst opinion of her case. Not deeming that I could afford her any better medical treatment than that she had already received, I enquired whether she had taken cod liver oil, and being answered in the negative, I ordered her to commence it at once, giving at the same time *Carbo vegetabilis*. The result was truly surprising: she began instantly to mend. In a week she left her bed, at the end of a fortnight her cough had quite left her, she took food plentifully, soon after discontinued treatment, and is now well.

It is surely time that we discarded any mistaken notions, or false reserve, that may stand between us and our employment of this or any other useful agent, even though it may not fall palpably within the scope of the homœopathic law.

CASE OF OBSTRUCTION OF THE COLON.

By CHARLES RANSFORD, M.D., F.R.C.P.E.

(Concluded from page 62.)

HOMŒOPATHIC treatment having been successful in so far benefiting my patient, that she was spared her constant daily suffering, I endeavoured to carry her on further than the mere relief from the spasmodic action of the bowel, great although this relief was.

* [We believe this to be a mistake, that on the contrary, cod's liver oil is pretty generally used by homœopathic practitioners. Eds.]

Change of air continued to have a painful effect upon her and she was still obliged to avoid everything in her diet of an aperient character—such as, fruit, vegetables, or preserves. If she discontinued the Platinum for one or two days, she immediately returned to her former state. I used other remedies, but not one was so effectual as Platinum—although its result was so far happy, the case could only be considered relieved—possibly some other medicine might have been found capable of curing; yet I thought the case one likely to be cured more speedily by hydropathy, and therefore asked the opinion of my friend Dr. Macleod, which, coinciding with my own, our patient removed to Ben Rhydding in January last.

She first tried the water at the temperature of 85°, bringing it down gradually lower and lower. The water had the same effect upon her that it usually has upon most patients; she did not in the first instance appear to derive any benefit—perhaps even the reverse—for a few days. She also attempted to drink the water, and began with the third of a wine glass. This small quantity did not fail to make her suffer on the following day, at the time of the action of the bowels; and for more than an hour or two after taking it, she had heartburn and headache. This trial of drinking water she made twice or thrice, with no better success. Although circumstances prevented her remaining at Ben Rhydding longer than three weeks, she resumed the practice on her return home, and has continued the baths from the beginning (now about four months), taking them at present quite cold. She has endured the extreme cold of February and March, together with the east winds, without her usual headaches.

After the external use of the water for about ten weeks, by way of experiment, she tried a small quantity of preserved fruit; the usual painful effects did not follow. Since that time she has gradually improved in this respect, and can therefore use greater freedom in her diet; but even now she cannot take the smallest quantity of cold water without suffering. In the course of hydropathic treatment, she was ordered to wear a wet compress on the stomach, after a trial of four days this was obliged to be removed; it produced nearly the same results as the cold water

taken internally. To use the patient's own words at this time : " I consider my health better than at any former period of my life."

During the hydropathic treatment all medicines were discontinued, and they have not been resumed.

With one remark, I shall conclude the details of this interesting case. I learned from my patient that, some years ago, prior to the administration of galvanism, she had been under homœopathic treatment, without any evident results ; she could not perceive any effects whatever from the medicines taken. As these effects were perceptible when she came under my care, I believe that the system had been prepared for their use by the administration of galvanism. A near relative of an experienced physician, lately informed me, that until she had been under hydropathic treatment, she was not susceptible of the action of the homœopathic preparations ; but after such treatment she was benefited by them. Hahnemann advised a similar procedure in like circumstances, and, if I mistake not, included mesmerism in his list of excitants.

DISEASES OF THE STOMACH,

By DR. HOFRICHTER.*

Inflammation of the Stomach.

THERE exists among authors a great variety of opinion as to the frequency or rarity of this disease. It was formerly considered of very rare occurrence ; and there were even some writers who maintained that there was no instance of idiopathic inflammation of the stomach. Broussais, on the other hand, has held it to be a frequent form of disease, and has ascribed almost all disorders of the stomach to an inflammation of that organ ; he even considered the latter as the primary cause of all other diseases, and has gone so far as to say, that, " the knowledge of diseases of the stomach is the key to pathology." Although this is an extreme opinion, still it cannot be denied that inflammation of the mucous membrane of the stomach is of frequent occurrence ; it would be surprising if this were not the case, when it is remembered to what noxious influences the stomach is exposed by so many individuals.

* From the *Allg. Hom. Ztg.*, vol. xlv.

Formerly diseases of the stomach were distinguished as gastritis serosa, mucosa, phlegmonosa, choleric and atonica.

Gastritis serosa never occurs idiopathically, for the peritoneal covering of the stomach only becomes inflamed subsequently to morbid changes in the other coats of the organ; as in perforation, or in scirrhus alterations. It may also exist in partial or universal peritonitis.

Gastritis phlegmonosa, likewise, does not occur idiopathically; Professor Oppolzer has twice met with it in the course of puerperal fever, in which cases there was a deposition in the sub-mucous cellular tissue of plastic lymph, as well as of a puriform serous fluid; the mucous coat was swollen and softened, while the muscular coat was infiltrated with a serous fluid. The symptoms of the disease could not be distinguished from those of puerperal peritonitis.

Gastritis erythematos a may be considered as a lower form of inflammation of the mucous membrane, therefore it is unnecessary to distinguish it as a distinct species.

Gastritis choleric a differs from the preceding in consequence of its being complicated with inflammation of the mucous membrane of the intestinal canal. The patient is attacked with violent pains in the abdomen; frequent evacuations; the extremities become cool; the countenance cyanotic; blue circles around the eyes; collapse supervenes attended with cramps in the calves of the legs; diminution and then arrest of the secretion of urine; sharp voice and small pulse;—in a word, all the symptoms of cholera epidemica.

In gastritis toxica the affection of the mucous membrane is subordinate to the constitutional derangement, as exemplified in poisoning by Arsenic. I shall not therefore treat of it as a distinct affection.

Of one form alone of gastritis toxica I must make mention because the stomach is the principal organ affected:—of that caused by Sulphuric and Muriatic acids, in which, not only the mucous coat is destroyed, but all the coats of the stomach become carbonized, followed by perforation and escape of the contained fluids into the abdominal cavity.

That inflammation of the stomach is now to be considered

known as inflammation of the mucous membrane, or gastritis mucosa. Its principal characters are hyperæmia and exudation. The latter may present two forms: in the one case, and which is by far the more frequent, that of a fluid; hence designated "stomach catarrh;" in the second, that of a false membrane;—"croup of the stomach." The first form may arise from the use of Tartar emetic, and the second may appear during the course of cholera, typhus, puerperal fever, and of the acute exanthemata, especially measles.

The principal form is catarrhal inflammation.

In this affection either a large surface of the fundus or pylorus is inflamed, or there are patches or streaks more or less reddened than in the normal state. In many cases there are erosions covered with coagulated blood.

The exudation in this affection varies considerably; in most cases consisting of an adhesive pale green mucus, but in higher grades of inflammation, of a puriform mucus. The sub-mucous cellular tissue, and even the muscular coat, are sometimes infiltrated with a serous fluid. In the most violent forms there are reddened streaks or spots on the peritoneal surface of the stomach.

Symptoms of acute inflammation of the mucous membrane of the stomach.

The pain varies very much in character; it may be either pressive, burning, or frequently shooting, but rarely constrictive. It is increased by pressure on the pit of the stomach. When the fundus is inflamed, the pain is increased on taking a deep inspiration, or on coughing; but not so much on pressure. Exacerbations often take place, and are frequently excited by the ingesta; even the mildest food will often cause pain. There is likewise heartburn, and a sensation of burning extending from the pit of the stomach to the throat, mostly accompanied with an increased secretion of saliva. The patient complains of thirst; want of appetite; aversion to food is often present. In the severer forms of disease there is vomiting of mucus: when there are abrasions of the mucous membrane the mucus is often mixed with red streaks, or an acid fluid mixed with bile of a

greenish or brown colour is ejected. The vomiting most frequently gives relief. The more constant the vomiting, the more severe is the disease; especially when it occurs immediately on taking the smallest quantity of food. Eructations are likewise frequently present. In some cases the pit of the stomach is found, on examination, distended; and in the worst forms of disease the distension of the stomach is so great as to give a tympanitic sound on percussion. There is constipation. Diarrhoea only occurs in those instances in which there is a complication of inflammation of the intestinal canal. The fever varies much in degree; at one time it is moderate, at another very high; the heat very great and the pulse frequent.

In the lower grades of inflammation the nervous system seems to be very little affected; but in severer cases there are even delirium and coma; such instances are, happily, very rare. There is usually some confusion in the head, and a pressing pain in the forehead in the parts supplied by the trigeminal nerve.

The disease usually commences with pain in the pit of the stomach, which gradually increases; there is subsequently loss of appetite; great thirst; feverish excitement followed by vomiting. When the disease progresses favourably, the vomiting ceases, the fever diminishes, the pains subside, the patient regains his appetite, and the stomach gradually acquires the power of retaining food. If the disease is likely to terminate fatally, the stomach becomes more distended, a tympanitic sound is apparent on percussion, and the tongue becomes red and dry; there is great thirst, and the abdomen is greatly distended with flatus; the fever increases; the pulse more frequent and smaller: aphthæ then appear in the mouth and the patient sinks from exhaustion. This however rarely occurs; but when it does do so, the mucous membrane of the intestinal canal is also inflamed, and there is usually a great pulsation of the abdominal aorta. The acute catarrh passes more frequently into the chronic form. The duration is short; a few days,—at most a few weeks.

The exciting causes are of a varied nature:—immoderate, or on the contrary, very spare diet; food very difficult of digestion, or

such as is entirely indigestible; the seeds of fruit, the kernels of cherries and plums; bad food; tainted flesh or fish; and in many persons, crabs, oysters or muscles that are not quite fresh; taking cold in the feet; or drinking cold fluids; or taking ice. Stomach catarrh is likewise a complication of other maladies; it is frequently present in pneumonia and typhus;—Louis has directed attention to its frequent existence in tuberculous disease.

Chronic inflammation of the stomach.

There has been still greater confusion in the diagnosis of this affection, than of acute catarrh. Under this head cases of perforating ulcer, and even scirrhus of the stomach have been arranged. It is true that in many cases it is difficult to diagnose which of these diseases may be present, but as there are other cases in which a correct diagnosis may be formed, it is necessary to consider these maladies separately.

In chronic gastritis the mucous membrane is swollen and its consistence increased; the colour is no longer a bright red, but a brownish red, sometimes even of a slatish grey colour; the exudation is either of a purulent character, or it consists of a tenacious mucus, so adhesive that sometimes there is difficulty in separating it with the scalpel; abrasions are likewise often present. Chronic catarrh is more frequently seated at the pyloric extremity of the stomach; in cases of long duration polypous growths often take place; the mucous membrane may even be so thickened as to be mistaken for cancer; a milky fluid may be expressed from the thickened membrane; the microscope however shews enlarged follicles filled with epithelium. Reinhart has described a similar case.

The symptoms do not vary much from those of acute catarrh. There is pain, but not of an acute character; the patient usually complaining of a weight and pressure; the pains are increased by pressure, especially some time after eating; in most cases they become more violent when the process of digestion begins. There is often want of appetite and heartburn; vomiting is not so frequent, when however it is present, a tenacious mucus is ejected early in the morning; this is more especially the case when there are acute exacerbations; usually there is no thirst

nor fever; the patient complaining at the most after dinner of shivering or heats; there is constipation, as in acute catarrh; nervous derangement is very rare, though there is sometimes pain in the forehead and indisposition for mental exertion; the stomach on examination is found to be distended with gas; there is retarded digestion, food requiring six or seven hours for digestion, instead of four or five, this may be easily ascertained by percussion. In many cases the stomach becomes dilated.

The course of the disease is subject to great variation; there are frequent exacerbations with return of vomiting, pain and fever. In most cases the affection lasts many months, or even years, usually terminating in health. Death ensues from exhaustion, dropsy, or decomposition of the blood.

The exciting causes are the same as in acute catarrh, only they operate through a longer time and in a lower grade. Overloading the stomach, indigestible food, brandy drinking, hence the affection has been designated vomitus potatorum. Stomach catarrh is often attendant upon that of the lungs and the bladder; it is also caused by derangements of the monthly periods; by disease of the heart and liver, especially in granulated liver; it may likewise be caused by other diseases of the stomach, as in cancerous perforating ulcers; and finally, it is a very frequent complication of tuberculous disease.

The inflammation of the mucous membrane of the stomach in infants newly born assumes a mild catarrhal form. Gastritis erythematosa neonatorum; or of the follicles, gastritis follicularis. In other cases false membranes are formed in the stomach.

Symptoms.—Tension of the epigastrium; constant shivering; drawing up of the feet, and vomiting of mucus, or of a greenish fluid. As in most instances there is likewise inflammation of the intestinal canal, there is also diarrhoea; the abdomen is distended, and the infant assumes an aged appearance.

The chief cause is bad nourishment; the disease rarely occurring when the mother nurses the child.

The perforating Ulcer of the Stomach.

This disease is of frequent occurrence. Most of the instances

of cardialgia are attributable to this organic change, Bauhin, Morgagni, and Abercrombie have already described the perforating ulcer, but Cruveilhier has done so much more minutely. A masterly treatise on the same subject was published by Rokitansky, in the *Austrian Jahrbuch* of 1838. To our countryman belongs the merit of having communicated to the profession just views of this particular affection of the stomach.

Etiology.—The disease occurs more frequently in the female than in the male sex, and very rarely before puberty.

The exciting causes are the same as in acute and chronic catarrh, especially overloading the stomach, and eating very indigestible substances; taking cold drinks when the body is overheated; the swallowing of pointed or sharp bodies, or the use of irritating medicines, such as Tartar emetic, &c. The gout, hemorrhoids, suppressed eruptions, as the itch, intermittent fever and anomalous menstruation, have all been considered as capable of producing the ulcer. That suppression of the itch is likely to produce perforating ulcer of the stomach must be reckoned as one of the fables of medicine. Anomalous menstruation is of very frequent occurrence without producing the disease.

Its seat is most frequently at the pyloric extremity, and particularly on its posterior wall, in the smaller curvature; thus on the one hand the frequent adhesions of the pancreas and liver are accounted for, and on the other the frequency of the pain in the epigastrium. It is rarely observed in the fundus of the stomach; when it does occur, ulceration of the vessels of the spleen takes place with fatal hæmorrhage.

It is still more rarely seen on the anterior wall of the stomach; an instance, however, of an ulcer in this situation having caused perforation has been related by Helm.

Its size is various, from a silver penny to that of half-a-crown; it is usually solitary, but there are instances in which several have been found in various stages; in some the mucous membrane is alone destroyed, while in others the muscular and even the peritoneal coats are affected; cicatrices are sometimes seen of a radiated appearance. The ulcer is usually circular; its

edges callous ; by the union of two it sometimes becomes irregular in shape, at others assuming a longitudinal form ; catarrhal inflammation is usually present in its vicinity. The perforating ulcer of the stomach in most cases commences with softening of the mucous membrane, with extravasion of blood. The coagulated blood now forming a scab, is thrown off, and the ulcer deepens ; this process continues until sometimes the diaphragm is reached, causing inflammation and adhesions to the neighbouring parts ; if the adhesions are not firm, the contents of the stomach are poured into the abdominal cavity, followed by peritonitis, which rapidly proves fatal. Adhesions more frequently take place with the pancreas, the left lobe of the liver ; more rarely with the spleen, the duodenum, colon, or diaphragm. The ulcer spreads more deeply until it reaches a large blood vessel, giving rise to fatal hæmorrhage ; or it perforates some hollow viscus, such as the colon, thus occasioning a communication between the two organs. The arteriæ et venæ lienalis, coronaria ventriculi, gastroduodenalis, are those more frequently ulcerated. The pancreatic ducts are often ulcerated, forming a pancreatic fistula, which hinders the cicatrisation of the ulcer ; in fortunate cases the ulcer cicatrises, and the cicatrix is mostly radiated. A relapse is of frequent occurrence, in which case it is usual to find fresh ulcers near several cicatrices. Besides the stomach the perforating ulcer is only found in the duodenum.

The most usual symptom is a constant pain, mostly seated in the epigastrium, increased by pressure ; but more especially so by hot and sour drinks, or indigestible and highly spiced food. In some few cases it is very much increased by the use of mild food and drinks ; it is pressive, burning, shooting and boring ; often not violent ; and in some cases is only excited by pressure, food, or drink. It often causes attacks of cardialgia, which vary considerably in violence and frequency, often occurring daily, weekly, or monthly ; as long as the ulcer is small, the attacks are not violent, and are of short duration ; but when on the contrary the ulcer is of considerable size, and has extended to the neighbouring organs, the attacks become more violent and last from twelve to twenty-four hours. Vomiting, especially of blood, is an important symptom ; the vomiting is sometimes of

surprising violence, even after the mildest food ; the substances ejected consist either of food, a watery, or sour fluid ; the latter is more especially the case at the termination of an attack of cardialgia.

The blood, in some cases, appears in the fluids ejected as brown streaks, in other cases in large quantities.

If the blood is immediately thrown up, it is of a bright red colour, and fluid ; but if a short time after the hæmorrhage, it appears in the form of black coagula ; sometimes it is mixed with the food that happens to be in the stomach. If the blood remains a longer time in the stomach before it is ejected, it is changed by the gastric juice into a black, chocolate, or inky colour, or like coffee grounds. It may therefore be observed, that vomited matters similar to coffee grounds, or of an inky colour, which have been usually attributed to cancer of the stomach, may likewise occur when there is a perforating ulcer, and especially in every form of hæmatemesis, when the blood has remained some time in the stomach. If the blood passes into the intestine the evacuations are of a treacle colour. If the loss of blood is considerable, symptoms of anemia soon appear, which sometimes quickly terminates in fainting, convulsions and death.

Heartburn is also a common symptom ; it is generally accompanied with a great flow of saliva. The appetite varies very much ; there are some cases in which it is very good, especially in those instances in which the rest of the mucous membrane remains healthy. In other cases the appetite entirely fails ; while some can bear a fluid diet, others can bear solid food better : some individuals can take meat, while others bear better, porridge, vegetables, or fruit : milk diet in some instances will effect a cure, in others it will not suit at all unless boiled. Again, there are cases in which food usually considered indigestible, such as ham, raw meat with lemon juice, will prove of service. In a few instances warm or cold meat will be found useful.

Some patients complain of uneasiness, eructations, and weight -after eating and during digestion. If the disorder lasts a long time, the patient becomes thin and assumes an appearance of suffering, especially when the process of digestion is arrested, or cardialgia and vomiting of blood supervene.

The ulcer of the stomach may run an acute course, accompanied with fever, pain in the epigastrium, and vomiting, just as in acute inflammation of the stomach. Perforation and peritonitis may suddenly occur, followed by death. In most cases the patients complain, at the commencement, of difficult digestion, pressure and burning in the stomach, subsequently of violent attacks of cardialgia, and finally of hæmatemesis. The latter is sometimes moderate in quantity, and is removed, or it is very considerable, terminating in death, or, as has been observed in perforation, sudden peritonitis and death. More frequently a cure is effected. In other cases vomiting is the most prominent symptom, the patient becoming emaciated and dying quite exhausted; others suffer from chronic indigestion; have no appetite; acquire a disgust for food; become thin; and finally die of consumption or of dropsy.

The disease more often terminates in recovery; the ulcer cicatrising, though very subject to a relapse. It very rarely ends in death, either through perforation and consequent peritonitis; or from hæmorrhage, resulting from ulceration of a large blood-vessel; or through consumption or dropsy. When the ulcer is seated in the pylorus and cicatrizes, a hard cicatrix is formed, which diminishes the volume of the pylorus, and gives rise to symptoms consequent upon that change.

Cancer of the Stomach.

Cancer of the stomach is also a frequent disease. It used formerly to be described as dyspepsia, malæna, or chronic vomiting; pathological anatomy has on this point given us much more correct information.

The causes are as obscure as of cancer of other organs. We only know with certainty that the disease rarely makes its appearance before 30 years of age, and does so most frequently between 30 and 70; moreover that it more often attacks men who are great eaters and of a corpulent habit of body. A diet restricted to vegetables or flesh meat exercises no influence in its production. The opinion that brandy drinkers are more liable to the affection, has not been found to be the fact. The depressing passions, care, grief, chagrin, appear to favour its production.

A hereditary predisposition has been assumed by some authors, which statistics have not confirmed. In most cases the patient cannot assign any cause for his sufferings, and even the physician, after the strictest investigation, is frequently unable to discover the cause. Cancer, like the perforating ulcer, more often makes its appearance at the pyloric, rarely at the cardiac extremity; sometimes also in the lesser curvature, and in the anterior and posterior wall; but very seldom in the greater curvature of the stomach. It never originates in the fundus, though it sometimes spreads over the whole organ unto the fundus, which remains free.

There are several forms of cancer of the stomach: that which occurs most frequently is the fibrous; then the medullary; less frequently the areolar; and more rarely still, melanosis; and then only secondary, in connection with melanosis in other organs.

The fibrous form is always developed in the sub-mucous cellular tissue, extending from thence to the tissue connecting the bundles of muscular fibre, which gives it its appearance of layers, it then reaches the sub-peritoneal cellular tissue. It does not include the mucous membrane, but the latter forms a covering or scab; then through the exfoliation of the cancer are formed those smooth depressions of the so-called lacunæ. In most cases, however, medullary or areolar cancer is developed in the mucous membrane over a cancerous base, and medullary masses are deposited in the cells of the membranes. In time softening and ulceration take place; and thus are formed ulcers with medullary bases and infiltrated borders. The surrounding texture is affected with chronic catarrh.

Medullary cancer, in like manner, is developed in the sub-mucous cellular tissue, thence usually extending to the muscular and mucous coats, and forms, after softening and bursting, a cancerous ulcer of the above described character. In certain cases medullary cancer appears as fungus hæmatodes, causing polypous growths, in which medullary masses are developed. Areolar cancer is usually developed in the sub-mucous cellular tissue, extending to the mucous membrane—a jelly-like substance like frog-spawn is poured from its cells into the cavity of the stomach

—or it makes its way between the muscular fibres to the peritoneum, where it sometimes attains the size of a child's head.

Cancerous enlargements of the stomach rarely extend to the neighbouring organs. Much more rarely does cancer extend from the adjacent organs to the stomach. The cancerous ulcer may also lead to perforation, either of the abdominal parietes or the diaphragm; in this case it rarely happens that effusion takes place into the cavity of the chest, and consequent pleuritis, because adhesions of the lung ensue with pneumonia. Perforation of the colon may occur, when the liquids and food undigested will quickly pass from the bowels; or, on the contrary, the contents of the intestine will be poured into the stomach, and stercoraceous vomiting will result. If the ulcer meets with any large blood-vessel, extensive hæmorrhage ensues.

Coagulation of blood in the veins readily occurs; as, for instance, in the vena porta; also in more distant vessels, such as the cruralis, brachialis, and even in the jugularis interna.

Cancer of the stomach is usually unaccompanied with disease in other organs; though it may nevertheless be occasionally found coexistent with cancer of the uterus, mammæ, ovarium, diaphragm and liver; very seldom of the spleen; more so still of the small intestines; more frequently of the large intestines, especially in the rectum. Metastases often take place during the softening, especially in the brain and lungs. A cancerous infiltration of the lungs or lobular abscess may occur: in the same manner metastatic depositions may take place in other parenchymatous organs; exudations on serous surfaces; croup of the mucous membranes; and especially dysentery. It shows an excluding power in reference to certain diseases, such as tuberculosis, typhus, and the acute exanthemata.

The symptoms are both general and local. The general.—As the malady progresses the patient becomes thinner; the colour of the skin is changed: a brunette becomes of a dirty brown, or earthy colour; a blonde becomes a straw colour; the skin becomes thinner, hangs in folds, and is covered with fine scales, which are often glittering, and give to the skin the appearance as if sown with small spangles; the patient assumes a suffering aspect; the cheeks become hollow; the eyes

sunken ; the boundary of the lips is very well defined, and the corner of the mouth sinks in ; he becomes melancholic, and suffers from wakefulness and pains in various parts of the body : in the extremities, which are mistaken for rheumatism or gout.

The local symptoms differ according to the seat of the affection, whether in the cardiac or pyloric extremity, or in any other portion of the organ, or whether ulceration has set up or not. If the cancer is seated at the cardiac end, the patient complains most of pain at the lower end of the sternum. It is characterised as burning, pressing, shooting, increased by swallowing, or is in the first instance excited by that act. In those cases in which the cardiac extremity is narrowed deglutition is more or less impeded. At the commencement the patient may still be able to swallow solid substances, though with trouble. Gradually, however, he will be able only to swallow fluids, and in the severest form not even them. Regurgitation of the food, usually enveloped in mucus, frequently takes place soon after it has been swallowed, or a translucent tenacious mucus without food is heaved up. The sound may reach the situation where the obstruction exists, if the constriction is great. The operation of sounding must be performed very carefully, or the attempt may cause loss of blood or perforation. As no food can pass the cardiac orifice the stomach diminishes in size. No chyme entering the intestines they necessarily become empty. The epigastrium, as well as the whole of the abdomen, is drawn towards the spine. The patient becomes emaciated with the absence of chymification and dies of starvation, if his end is not hastened by gangrene of the lungs. If the cancer is seated in the pylorus, or in the stomach adjacent to the pylorus, a swelling may be felt in the epigastrium, or at a more or less depth in the hypogastric organ, and in some rare cases not far above the symphysis pubis, while the moveable though heavy pyloric extremity of the stomach sinks down in the deep region of the hypogastrium. Through partial peritonitis and consequent adhesions the displaced cancerous pylorus may become fixed in its new position. The tumour is cartilaginous, uneven, and when of a large size sometimes knotty, more or less moveable, or the reverse, and sensitive to pressure. In such instances the tumour is evident to the touch,

though this is not the case when the disease is seated in the lesser curvature, or even in cancer of the pylorus when it lies hidden by the enlarged left lobe of the liver. There is likewise difficulty in feeling the tumour when the abdominal coverings are thick, or very much stretched, or are very painful, and when the abdomen is much distended either with flatus or fluid. The enlargement is not a constant symptom in cancer; it may be produced by a perforating ulcer of the stomach, causing an exudation under the peritoneum; hence it is not characteristic of cancer. The patient usually complains of pain in the epigastrium, because the situation of the cancer is most frequently in the pylorus. The pains are pressing, shooting, burning, boring, increased by pressure and ingesta, by sour, fat, flatulent, and spiced food and hot drinks. Sometimes there are attacks of cardialgia. Beside the pains the patient complains of heartburn as in perforating ulcer; very frequently of want of appetite, and even disgust for food, whilst in other cases the appetite is good. There is not constantly thirst, Uneasiness and eructations frequently precede the vomiting. The latter is a very common symptom. So long as there is not ulceration the food mixed with mucus is alone ejected; but when ulceration has taken place the matters vomited contain traces of blood either in streaks or points. If the ulcer meets with any large blood vessel there is vomiting of blood in large quantity, entirely pure, or like coffee grounds in a chocolate coloured liquid. This colour of the blood as has already been mentioned, is not characteristic either of cancer or perforating ulcer, but only evidences that the blood has been for some time in the stomach. After the vomiting the patient experiences relief, which however is of short duration. It has been maintained that the vomiting occurs at a certain time, from two to four hours after the food has been taken. That, however, is not constantly the case, for it sometimes occurs a few days after. There is very frequently found in the vomited matters a portion of the cancer thrown off. If stricture of the pylorus is developed there takes place, according to the higher or lower grade, a corresponding enlargement of the stomach, usually with hypertrophy of the walls of the stomach. At this period the patient is very much

emaciated, so that the limits of the stomach may be readily seen. Besides its size may be ascertained by percussion. The resonance varies according to the position of the body; it may always be heard in a circumscribed spot. In the lower portions a dull, and in the higher a clear tympanitic sound may be heard. If the contraction is considerable so that little chyme enters the intestinal canal, the natural result is that the intestine becomes narrowed, the lower part of the abdomen falls towards the spine, and days and weeks pass without an evacuation. This is not constipation in the true meaning of the word, but simply absence of stool, for on percussion no fæcal collection becomes apparent.

If the tumour lies adjacent to the gall-ducts, or the cancer lies over them, jaundice is produced. If this happens near the vena porta the blood becomes coagulated, and ascites is the result. If the coagulation of the blood is of an acute kind, a number of small abscesses are formed in the liver, and thus the fatal termination is hastened. If the cancer perforates the transverse colon, either lenteria or stercoraceous vomiting is the result. If the diaphragm is perforated, in very rare cases pleuritis will occur, but more frequently pneumonia. The rupture may likewise take place into the pericardium, causing pericarditis or pneumopericarditis.

If finally the cancer perforates the abdominal parietes, emphysema may first form in the abdominal coverings, and if not terminating in death a fistula of the stomach may be formed.

The termination is in death. Those cases of cure adduced by authors were not cancers but perforating ulcers.

Death may be caused by tabes or through dropsy. It may be caused by peritonitis, the sequel of perforation, or on account of the cancer approximating to the peritoneum, giving rise to partial or general peritonitis. Other causes of death may be the coagulation of blood in the vena porta or in other veins; perforation of the diaphragm, with consequent pleurtis, pneumonia, and pericarditis; lenteria; metastases into vital organs in consequence of softening of the cancer; gangrene of the lungs, typhoid pneumonia, and more especially dysentery.

Sphacelation and charring of the stomach by poisoning with nitric and sulphuric acids.

Poisoning with concentrated acids does not only act upon the stomach but likewise on the mouth, throat, gullet, and in some cases on the intestines. In cases of poisoning with nitric acid yellowish spots may be observed externally; in poisoning with sulphuric acid black spots may be seen on the lips and chin; and if drops of the acid run down, true sphacelus is produced on the skin. If the sphacelus is superficial, the epidermis exfoliates, but if on the contrary they are deeper ulceration takes place.

A white sphacelus covers the lips in poisoning with sulphuric acid, an orange coloured one with nitric acid; the same appearances are seen on the tongue, palate, and throat. The same sort of sphacelus is likewise found on the epiglottis, tonsils, and in the gullet. In milder cases of poisoning a sphacelus is formed; in severe instances not only the mucous membrane but even the muscular layers of the gullet are charred. The same changes take place in the stomach, and may be observed either in the lesser curvature or in the whole circumference of the organ. In some cases all the coats of the stomach are charred; in others they are perforated, and the contents poured into the abdominal cavity.

If the affection does not quickly end in death the sphacelus on the lips puckers up into folds, is thrown off, leaving the mucous membrane bare. The tongue appears red and smooth after the separation of the sphacelus, and has entirely lost its velvety papillar appearance. In some cases ulcerations and fistulae remain in the gullet, and after cicatrization strictures elevated above the adjacent parts are usually seen. After extensive ulcerations the whole of the gullet may be changed into a narrow canal, with cellular fibrous walls. If the ulceration extends to a greater depth it may lead to perforation, and the contents be poured into the mediastinum, or into the cavity of the chest, causing costal pleuritis.

In other cases the oesophagus becomes adherent to the lungs, pneumonia takes place, an abscess is formed, and then a communication with the oesophagus and bronchi ensues. The food

enters into the air passages and is ejected by coughing. In the stomach, in like manner, the corroded membrane is thrown off and an ulcer remains behind, which in some cases cicatrizes. When such a cicatrix narrows the pylorus, the stomach enlarges.

In the intestines a tanned appearance of the mucous membrane is usually observed, with coagulated mucus; in some cases also blood.

Symptoms.—Besides those obtained by simple inspection, which have already been described, there are others which occur in a case of poisoning. The patient complains of pain in the mouth, increased by the touch, ingesta, and motion. Speaking and swallowing are painful, sometimes quite impossible; the ingesta are ejected through the mouth and nose. In a few days deglutition again becomes possible, but this improvement does not last long. On suppuration setting in deglutition once more becomes painful. A large quantity of mucus, so tough that it may be drawn out into threads, and more or less mixed with blood, is continually flowing from the patient's mouth. The thirst is so tormenting, for it cannot be allayed owing to the annoyance caused by the mucus. Sometimes a painless vomiting comes on. This is at times mixed with blood, and as the affection progresses hæmatemesis sets in. The epigastrium is very sensitive to pressure when the acid reaches the stomach, and the patient complains of the most violent pains in the stomach. When the acid reaches the intestines colic takes place, the abdomen becomes tender, and bloody evacuations often occur.

In poisoning with concentrated acid the mind of the patient is very much depressed, and the features assume an expression of suffering, the extremities frequently become blue and cold. The pulse is quick and small, respiration difficult. The mental depression increases; and in cases of severe poisoning the patient sometimes dies in a few hours, and at most on the second or third day. At a later period symptoms of contraction of the œsophagus arise, and death ensues from marasmus or gangrene of the lungs; or, on the other hand, symptoms of costal pleuritis or pneumonia appear if the œsophagus becomes perforated, in which case the food and fluids are ejected by coughing. If

an ulcer of the stomach remains behind, symptoms of chronic disease supervene. When erosion of the larger vessels occurs, fatal hæmorrhage may take place. When thickening of the pylorus arises, there is a recurrence of the vomiting, and the stomach becomes more and more distended; the patient becomes more emaciated, and finally dies of exhaustion or dropsy.

The following reports of cases are not by any means of the kind to demonstrate the excellency and superiority of homœopathy. Had I had that object in view I should rather have clothed them in a different form, and omitted a few things which do little honour to my knowledge of remedies and limited acquaintance with disease. I have, however, been anxious to exhibit the usual mode of practice, and have therefore extracted the reports as they appear in my day-book without adding or concealing anything. At least it has not been, by any means, my wish to write homœopathic studies, or to connect lengthy reflections with isolated cases, much less to demonstrate the actions of remedies by imaginary sketches of disease. The dose has for the most part been omitted, because the ordinary attenuations, the 12th, 24th, and 30th have been used. The repetition has been daily excepting where otherwise mentioned.

I.—Nowak, æt. 40, a butcher, addicted to drinking beer and coffee, has only taken forty bottles of Carlsbad water for pains in his stomach. Fulness of the epigastrium with pain on pressure; pains of the stomach with pressure like a stone, worse in the morning, but better after taking a little food; gouty pains in the right shin-bone and shoulder of the same side; constipation, urine of a high colour; the liver low down. From Oct. 22 to the end of Nov. *Nux vom.* daily. A cure was effected although the complaint had lasted a year.

II.—Riese. Uneasiness of the stomach, like a weight there, worse in the morning; vomiting of food, although after taking a moderate quantity of food the complaint of the stomach is much more supportable; constipation; loss of appetite; no thirst; wakefulness; the liver normal. *Nux vom.* in twenty days effected a cure.

III.—Wagner. Old and unmarried woman, complains of

pressure in the left hypochondrium, especially after eating, better when fasting; eructations with flow of water to the mouth; the left hypochondrium returns a hollow sound on percussion, indicating enlargement of the stomach; constipation, stool in small lumps every three or four days, dry, passed with much effort. *Nux vom.* The complaint was removed in eighteen days.

IV.—Schrocklin, a woman æt. 36; has a desire for sour things; complains of pressure in the right hypochondrium, and a shooting in the middle of the right breast, on stooping it extends to the neck; stool every second day; pains in the limbs. *Nux vom.* Cured in eight days.

V.—Skalika, æt. 19. Menses appeared at 14 years of age, though she became regular somewhat later, the periods lasting for six days. Two months since she began to complain of pressure in the stomach, as well after eating as after drinking water; she had a sensation of pressure in the epigastrium, extending thence over the breast round the hypochondrium, and frequently a pain under the right shoulder blade; eructations of mucus and flow of water into the mouth; no appetite nor thirst; hard stools. *Nux vom.* daily. In three days cough came on with mucous expectoration, burning in the chest, irritation under the sternum and pit of the stomach; cough early in the morning and in the afternoon. *Chamom.* daily. Three days after there was burning at the epigastrium and mucous expectoration; pain on coughing in the hypochondrium. *Pulsatilla.* The complaint was removed in six days.

VI.—Pfeiffer, æt. 30, a watchmaker, has suffered for six years from his sedentary mode of life. The left lobe of the liver was enlarged and the spleen swollen; there was pressure in the epigastrium on being seated in a bent position, so that he was compelled to rise and walk about before he could obtain ease; the feeling of pressure extended to the back and upwards to between the shoulder blades; appetite good; stool discoloured. *Lycopodium* 30. Cured in thirty-five days. That is to say, there was no pain, the liver was smaller, and the swelling of the spleen had disappeared.

VII.—Adalbert Mikschik, æt. 29, a weaver, complains of pains in the stomach, worse after eating potatoes; burning in

the œsophagus and pharynx ; flow of water into the mouth, and spitting of blood. *Nux vom.* Cured in a month's time.

VIII.—Catherine Kotting, æt. 28, married eight years, and has had three children ; in the third month of pregnancy. Pain in the left hypochondrium ; since she has had a quartan fever. About a year and a half since she was taken ill in consequence of a fright, and from that time she has suffered from oppression of breathing, a ball in the throat, and a collection of mucus ; pressure in the stomach, and pain under the right shoulder blade ; loss of appetite ; constipation ; an evacuation every second day ; frequent inclination to pass urine, but in small quantities ; much sour fluid comes from the stomach ; timidity. *Nux vom.* In fourteen days she improved, but washing made her worse. With the pressure at the stomach there was also a great flow of saliva with debility ; distension of the stomach after eating, followed by vertigo ; the pain in the right shoulder blade becoming more severe. *Pulsatilla.* The pain moved from the shoulder ; general uneasiness ; diarrhoea without pain. *Pulsatilla.* In eight days the diarrhoea, pain in the shoulder blade, and complaints of the stomach had disappeared.

IX.—Melzer, æt. 25, a beer drinker, whose father was subject to gout, had suffered for twenty-two weeks from the following symptoms. Early in the morning he is seized with a kind of spasm of the stomach ; nothing is thrown off though he has risings in his throat ; uneasiness after taking anything warm ; water he cannot bear unless sweetened with sugar ; he is better after taking cold food ; cough very troublesome, dry, mostly in the night ; on taking a deep inspiration he has a kind of tickling in the upper part of the chest, likewise shootings in the left side of the chest ; towards morning saturated with perspiration ; constipation, yellow urine ; fever, shivering after dinner as if cold water were being poured over him ; cannot get warm ; the liver reaches downward to the ilium and to the umbilicus and beyond the linea alba. Inguinal hernia ; tubercles in the right lung at the summit. *Nux vom.* In twelve days the perspiration had ceased, in fourteen days more the complaints of the stomach had disappeared, the cough was milder ; the fever had already subsided. In the course of another fortnight he had no more

ailments, although the liver was very much smaller, still it had not returned to its former volume.

X.—Maria Maschek, a widow, æt. 57, complained of movements in her stomach like a living fish, varying at times, in the hypochondrium, sometimes at the left side near the heart, in the vicinity of the liver, or in the upper part of the abdomen on the right side, especially when lying down. The motion was felt in the stomach during the day; a pulsation was perceptible on pressing the hand on the epigastrium. 1st day. Nat. carb. 6, 3 doses. 6th day. The movement is not so strong; itching of the skin when in bed; uneasiness, want of appetite. The same remedy. 12th. Nausea, no sleep, no appetite; conjunctiva yellow, as likewise the face; greater uneasiness after eating. Nux vom. 4 doses. 16th. Jaundice. Nux vom. 20th. Sensation like a band round the hypochondrium; weakness of the feet; itching of the skin; black urine; pale coloured stools. The same remedy. The jaundice disappeared on the thirty-fifth day of the treatment. The patient still complained of pain in the hypochondria; in the right a pain in walking, and in the situation of the spleen, and on the left side under the shoulder blade a burning. Sepia 30, three doses. In three days the alleviation was surprising, so that in two months the patient was quite cured.

XI.—Kucera, æt. 40, took cold in December, 1848, and has since complained of the following ailments. Constipation for five or six days; is always obliged to take Sulphate of Magnesia to obtain an evacuation; shooting in the pit of the stomach, passing to the left breast, then under the short ribs, finally stopping under the left shoulder: he is unable to sleep on the left side, for the pains are insupportable; they occur more frequently in the night. 1850, 7/3, Aconite 4 doses.—9/3, no result. Shootings under the left false ribs to the right hypochondrium, especially in the night, he is obliged to rise; in the daytime the shooting pains are in the vicinity of the kidneys. Verbasum 1, 3 doses.—10/3, no pain; slept well; the same.—12/3, slept well, but had pains in the vicinity of the stomach. The pain always extended from near the spleen down to the sacrum. To-day a more easy stool; idem.—14/3, last night no

pains, but they have returned to-day. Eating bread increases the uneasiness; he suffers most when lying down, and is easier on moving. *Natr. Mur.* 24, 3 doses.—16/3, not slept during three nights; no stool; the pain now always begins in the left hypochondrium. *Arsenic* 15, 3 doses. The bowels were relaxed four times in the day, and the patient thought himself cured for he had lost all the pains; but on the 2/4 he was seized with pressure in the stomach, nausea, sacral pains, shooting pains in the hypochondrium, in the right shoulder up towards the head; bowels relieved three times the two days before; during the night the pains became very much worse. *Arsenicum* $\frac{1}{4}$ immediately. For four days no stool; beginning to suffer from headache; *Verbascum* 1, 3 doses.—6/4, the tearing, shooting, sacral pains have lasted two days; constant shivering until to-day, when he became warm after the subsidence of the pains; there was yesterday an evacuation, with pain in the rectum. *Nux vom.*, 4 doses.—3/4, inclination to pass a stool; high coloured urine; the nocturnal pain did not recur, only a shooting pain, not stationary. *Nux vom.*—16/4, he was now improved, and passed a stool of moderate consistence; this was however followed by pains occurring in every direction; urine of a yellow colour, passed with more ease. *Carb. veget.* 15, 4 doses.—18/4, yesterday there was an evacuation like cobbler's wax; to-day the same, with a discharge of flatus, a violent pain in the sacrum; shooting pains sometimes in the night, at other times in the left hypochondrium. *Carb. veg.*—20/4, pains in the back and sacrum during yesterday and the night, to-day better; the pain begins with blueness of the fingers, then coldness, followed by pain in the back; afterwards warmth and perspiration. *Quinin.* 1, 6 doses. The remedy was now discovered. As he had not had any evacuation for several days an enema was ordered, which was followed by several evacuations of hard, green scybalæ; slept well; painless night, only slight uneasiness in the loins, which disappeared under the continued use of Quinine. I might have saved myself a deal of trouble with my patient if the pathogenetic symptoms had only been pumped out of him at the commencement.

(To be continued.)

REMARKS ON THE GENERAL APPLICABILITY OF THE HOMŒOPATHIC LAW.

By FRANCIS BLACK, M.D.

MISCONCEPTION exists as to the nature and propriety of the discussion which took place at last year's Congress, regarding the use of auxiliaries, and this is so apparent in a paper by Dr. Marcy (*North American Hom. Journ. No. IX.*), that it should not be allowed to pass without comment. To place the question in a clear light, I quote from the address delivered by Dr. Drysdale.

“ Another evidence of the scientific character of the homœopathic practitioners is, the independent tone in which the question of the properly regulated use of allopathic auxiliaries in practice has been discussed. The occurrence of urgent symptoms, requiring the temporary employment of allopathic means in the usual powerful doses, has been pointed out by Hahnemann in the *Organon* (p. 169).* Now, though Hahnemann does not specify the particular cases, or draw an exact line where such helps are to stop, yet he has been understood to limit them to a very narrow circle, and to look with an unfavourable eye on such of his disciples as venture to use their liberty in that respect. As this, however, is a matter that can only be determined by experiment, and will doubtless vary with the greater progress towards perfection of the homœopathic method itself, it is plain that perfect freedom must be left to us, as a scientific body, to ascertain by experience, in what cases the use of allopathic auxiliaries is justifiable and necessary, and cannot be settled by any *a priori* dictum.

“ In the general aspect of this question, it has been felt by

* More forcibly stated by Hahnemann in a published letter, as follows:—

“ In cases of sudden disease, threatening speedy death, in persons previously healthy, as experience shows with perfect justice and complete consistency, no medicine can be admitted which promises help only after the lapse of some time, by its secondary or homœopathic action; but, *according to common sense*, antipathic medicines can only be given, which in large and frequently augmented doses, change the morbid state into the desired opposite, and thus bring back the patient to health.”—*Brit. Jour. of Hom.* vol. X. p. 332.

See also Hahnemann's advocacy of Dr. Junod's Hemospasic apparatus.—*Brit. Jour. of Hom.* vol. XI. p. 136.

every one, that we must necessarily show a great stiffness and caution in adopting the use of allopathic auxiliaries, for if that were done on slight grounds, our individual and collective progress as homœopathists would very soon be brought to a close; as it is much easier to get over a difficulty in practice by resorting to some temporary palliative, than by patient study to find out the more applicable homœopathic, and therefore permanently curative, remedy." *

The discussion was principally directed to the use of aperients. No speaker advocated their unconditional employment, but several considered that in certain *exceptional* cases they might be used. For example, in confirmed organic stricture of the rectum, where it is physically impossible for a solid stool to pass, there could not be a shadow of a doubt that means must be taken to secure a liquid stool: but homœopathic remedies in minute doses though all powerful to convert abnormal into normal action, do not excite abnormal effects, such as purging, and here therefore, an allopathic drug is required. Also that aperients might be *occasionally* necessary in cases of chronic constipation, where strong aperients had long been used, and where our remedies may not *at first* have effect, even with the aid of enemata. I conclude that it is to this that Dr. Marcy alludes, when he remarks:—"Some of our English confrères have recently cited certain cases in which they would deem it justifiable to resort to allopathic auxiliaries. While entertaining the highest respect for the talents and motives of these gentlemen, we are constrained to differ with them, and to believe that, in the very instances alluded to, a judicious application of the homœopathic law is far superior to any of the empirical resources of the old school. It would be easy to adduce numerous practical examples in proof of this position, but we shall limit ourselves to the following report of a single case, which is quite pertinent to the question, leaving the reader to draw his own inferences." (p. 29.)

He then reports a well-marked case of inflammation of the cœcum, attended with constipation; the patient, a lady, had been treated for forty-eight hours by leeching, calomel, croton oil, &c., when the physician announced that the case would

* Brit. Jour. of Hom. vol. X. p. 676.

probably terminate fatally; and Dr. Marcy visited her on February 28th, 10 A.M., when he found her condition as follows:—

“There is a hard swelling apparently in the coecal portion of the colon, exceedingly tender upon pressure, to the touch, and very painful upon the slightest movement of the body—like turning in bed, sneezing, coughing. The indurated portion is about ten or twelve inches in length, and probably about eight inches in circumference. The whole abdomen is painful upon pressure, and the patient experiences a constant sensation of soreness over the whole abdominal surface; but in the indurated part alluded to, there are paroxysms of acute contractive and lancinating pains, occurring at intervals of fifteen to twenty minutes, lasting about ten minutes, and then partially subsiding until the next paroxysm. The pulse very frequent and wiry; the tongue dry, and covered with a brownish fur in the centre, and red at the edges; the skin hot and dry; the expression anxious and care-worn; the features sharp and indicative of severe pain; considerable thirst, and great nervous excitability. There was also headache; confusion of ideas; general feeling of prostration, and lameness in the legs; frequent eructations of a sourish liquid; nausea and occasional retchings; marked retraction of the umbilicus; pains extending from the indurated part to the back and chest. Our prescription was *Plumbum met.* 2nd trituration, one grain every two hours until a change of symptoms was manifest.

“Feb. 28, 7 P.M.—Symptoms all ameliorated. *Sacch lac.* every two hours.

“March 1, 9 o'clock A.M.—The bowels have moved twice during the night, the first time slightly, the discharge consisting of a few hard, dark lumps, mixed with a fluid of a dark colour and very offensive character. The second motion was quite copious but still darkish, slimy, and offensive. Decided relief was experienced from these discharges; and there is at the present time much less distension of the abdomen, less pain, less tenderness on pressure; and less disturbance of the general system. A single dose of *Sulph. 30* was prescribed.

“7 o'clock P.M.—The whole abdomen feels sore as if bruised; there is a sense of constriction about the rectum, with an ineffectual urging to stool; sour taste, and spasmodic drawing

pain in the muscles of the back and limbs. To combat these symptoms, a single dose of *Nux vom.* 30, was ordered.

"March 2nd, 10 o'clock A.M.—A free fecal discharge has taken place from the bowels this morning, quite natural in appearance. There is a decided improvement since last evening, although the swollen part is yet quite prominent and sensitive to pressure. The patient has perspired very much since two o'clock this morning, and feels debilitated in consequence. *Mercurius sol.* 30, was now advised morning and evening, and continued till March 8; at which period the symptoms had so far disappeared that all further apprehension in regard to the case was at an end. For several weeks subsequent to this time, it was found necessary to administer *Mercurius* at longer intervals, for the purpose of removing the slight induration which remained at the primary seat of the malady, and the morbid disposition to perspire. This fully accomplished the object, and the lady was restored to her usual health.

"We have thus briefly glanced at the subject under consideration, for the purpose of contributing our mite towards the vindication of the supremacy and absoluteness of the homœopathic law, and of warning practitioners against the danger of forsaking this great medical truth under any circumstances." (p. 31.)

Now this case is, *per se*, very interesting, but I do not think with Dr. Marcy that it is at all pertinent to the question. No recognised homœopathic practitioner in this country would, I am sure, have adopted the use of purgatives in such a case; none of the speakers at the Congress discussion ever hinted at employing aperients in inflammatory affections of the bowels attended with constipation. As probably alluding to more heretical means than the other speakers, I may without egotism, refer Dr. Marcy to various cases published with the view of shewing the efficacy of homœopathic treatment in inflammations of the cœcum.*

The interesting point in the discussion was, whether the occasional administration of an aperient interfered with the success of a homœopathic course—the opinion seemed to be that it did not; but all were at the same time agreed, as to

Brit. Jour. of Hom. vol. v, p. 40; vol. ix, p. 330; *Dr. Ker*, vol. vii, p. 165; *Iofrichter on Typhilitis stercoralis*, vol. ix, p. 601.

the paramount importance and immense superiority of purely homœopathic treatment; and that the use of aperients was necessary only in exceptional and rare cases.

These exceptional cases may be classed under three heads:—

1st.—Where a foreign body has been swallowed, and it is deemed expedient to hurry its expulsion through the bowels.

2nd.—Where a patient has for a long time taken aperients, and where, at first, the careful administration of homœopathic remedies is for a short time insufficient to produce an evacuation, even with the aid of simple injections.

3rd.—Where organic stricture or other mechanical obstacle prevents the passage of a solid stool.

The first class is not one which comes under the domain of a therapeutic law, it is simply removing a foreign body.

In the third class no dishonour is done to the supremacy of the homœopathic principle as a law of cure. If a strictured urethra, or enlarged prostate blocks up the passage of urine, mechanical aid is resorted to. If a strictured œsophagus prevents the descent of solid food, liquid nourishment must be given: with a strictured rectum the process is reversed. If scirrhus, spreading, for example, from the uterus, invades the neighbouring parts, involving the vagina and rectum in one solid mass, so that into the latter the little finger cannot be introduced, and all trace of muscular tissue is destroyed; how is it possible for a solid stool to pass? It is a case beyond the circle of cure, where the object is not to cure constipation, but to render the fæces so liquid that they can pass.

The second case is a rare one, because homœopathic remedies generally act from the very first, perhaps sometimes requiring the aid of a simple enema. Where they do not thus act, the homœopathic practitioner has learned to wait, knowing that no evil accrues from a delay, which, according to the rules of the ordinary school, would be considered culpable. But cases occur, rare, I admit, but sufficiently common to have been met with by every practitioner of ordinary experience, where this delay is attended with great discomfort to the patient, producing more harm morally and physically, than a gentle aperient or a medicated enema: the presence of indurated fæces setting up great irritation, or, as in the case of a retroverted uterus, or inflamed

and enlarged ovaries, aggravating, by mechanical pressure, the principal disease. In such cases there is no distrust of the potency of the law. There is a drug disease producing a palsied state of the intestines, or an abnormal organic condition of the pelvic viscera, which require some little time ere they yield to remedies; or it is the sudden withdrawal of an accustomed stimulus which occasions distress; and as Hahnemann recommends the cautious healing of an issue, so in rare, but possible circumstances, is it necessary to withdraw gradually the long taken purgative. The skilful homœopathic practitioner may not meet with such cases once in a hundred instances of chronic constipation, but when he does encounter them, I feel assured that his practice will be more successful when he uses two or three, or more times at first, a gentle aperient as an intercurrent, thus gaining time for the action of the homœopathic remedies, securing temporary ease to his patient, and an ultimate cure of the constipation.

I shall now advert to another, and I think, still more untenable opinion of Dr. Marcy's. He states the law as being "*of universal applicability in disease,*" and he recommends all who have doubts of this "*to remain in the allopathic ranks until all such doubts are removed.*" Grant for a moment the correctness of the term *universal*, is a man more likely to become a pure homœopathist by associating with allopathists, and being tabooed the society of homœopathists, or vice versa? But I hold that the term *universal* is untenable. It is argued that the homœopathic law is a law of nature, therefore universal. Now laws of nature, that is laws of natural science, are expressions of natural phenomena, of general facts observed by fallible instruments, and hold a lower scale in universality than the laws of the abstract sciences. Above all, in medicine he is a bold man who talks of physiological, pathological, or therapeutic laws being universal. The homœopathic law is a general law, not universal, inasmuch as it admits of exceptional cases in which it is not applicable. In some diseases where the law would be unavailable, the removal of a mechanical obstacle restores health; and again, in a certain class of affections, as eady given in quotation from Hahnemann, stimuli, &c. are

recommended to be administered in order to support life, and afterwards homœopathic remedies in order to further the recovery.

The following quotations from Dr. Marcy's Practice of Physic shew that even he considers the law as not universally applicable, that it admits of adjuncts.

In uterine hæmorrhage, he uses, together with internal remedies, the application of cold water to the pelvic region. (p. 523) But cold is not homœopathic, and yet very useful.

In ascites "if the accumulation becomes very great, &c..... the operation (tapping) should not be longer delayed." (p. 542.) He has also found paracentesis thoracis save life.

In hydrocele he forgets that the law is universally applicable, and remits the patient at once to the old plan of injecting the sac with tincture of Iodine. (p. 545.) Here where he does not apply the law I think it applicable.*

He recommends passing the catheter in the retention of urine of old men, &c.: but why, if the law be universal, not trust to its application in relieving this retention as readily as it relieves spasmodic retention?

Again: "What shall we say of the homœopathic remedies which are usually employed in the treatment of this complaint? (gonorrhœa) *Why simply, that the true specific has not yet been discovered.*" (p. 477.) In the mean time Dr. Marcy uses solutions of sulphate of Zinc, nitrate of Silver, even to saturation; powdered nitrate of Silver in ointment, and Calomel in olive oil. He also considers that stricture requires the use of bougies. He evidently does not regard the law as all-sufficient in chancre, for he states, that, in addition to internal remedies, "local applications [cauterizations] are capable of effecting speedy cures of chancres, thus of destroying these sources of contamination, and placing the blood in the most favourable condition to be purified by the inspired oxygen, by the purely formed blood, and by remedial agents." (p. 492.)

Dr. Marcy may consider that the use of such collyria as *vinum opii*, of the above injections, &c. are rough applications of the homœopathic principle; but I doubt if Hahnemann

* See Cases by me, Brit. Jour. of Hom. vol. vii, p. 525.

would have accepted such prescriptions as vindicating the supremacy and absoluteness of the homœopathic law. The quotations could be increased, but the object is not to criticise Dr. Marcy's practice; on the contrary, my aim is to shew that he does not in reality regard the homœopathic law as *universally* applicable, and thus would by his own rule exclude himself from our ranks, and even excommunicate our founder.

I would also remind Dr. Marcy, that, judging by his work, he is one of the very persons whom Dr. Drysdale had in view in vindicating the right, and indeed duty, of refusing to be bound by any sectarian creed or obligation, in the minor details of practice, while at the same time acknowledging the paramount and supreme importance of the homœopathic law. It is therefore to be hoped, that he will not allow himself to be claimed, through a mere misapprehension, by those (if there be any such) who consider that no curative means should ever be used that is not strictly homœopathic, notwithstanding the direct disclaimer of Hahnemann himself. I do not go the length of Dr. Marcy in advising all the above non-homœopathic means, though no party can be allowed the right to say they *never* use non-homœopathic means, if they permit the employment of an enema, cold applications, stimulants, &c., in *any one case however rare or exceptional*.

I would not dwell on this point were not Dr. Marcy the editor of a homœopathic journal of excellent repute; coming from such a source, this law of exclusion is injurious in two ways. It may be quoted by our opponents as an example of our narrow sectarianism, and it may be embraced by some of our own school, whose hot zeal verges close on bigotry. The attitude of the profession towards Hahnemann and his followers has made us a sect in appearance, and thus retarded the therapeutic reform; but therefore the greater necessity for us to shew on all occasions that we are not sectarians, that we are zealous, liberal workers in the field of medicine. With what regard can a commencing enquirer view such an excluding creed? Will it draw him to us, or will it not rather turn him away? The same steps that led Hahnemann to homœopathy are free to be trodden by any enquirer. Practice must be the

result of an honest, rational, progressive conviction, not the product of a creed. Creeds may uphold dogmatic theology, with what fruits of holy living the history of Christianity shews; but in so mutable and progressive an art as medicine, they cramp and destroy all, that to be valuable, must be liberal and scientific. At the same time I should hold out no inducements to a slovenly and selfish eclecticism. There is a wide difference between the physician who honestly, and with all attention applies the law, however exceptionally, and that person who hypocritically eclectic suspends or follows the law, not doing so to benefit his patient, but to improve his own pecuniary position, or to save himself further trouble.

Editorial Note to Dr. Black's Observations.

As the purport of the discussion at the last Congress at Edinburgh seems to have been strangely misunderstood and misrepresented in several quarters, it may be well to recal attention to what actually was said, and to notice a few concluding remarks that were made just as the meeting was breaking up, and were not reported. After Dr. Prince had finished his remarks expressing disappointment that any but purely homœopathic means should ever be found necessary, however seldom and exceptionally, in the wide field of medical practice, the chairman (Dr. Henderson) turned to him and said (in allusion to Dr. Black's case), "but if you had a case of stricture of the rectum, in which the patient would die unless you could procure fluid stools, what would you do to prolong life?" Dr. Prince said, "he did not know; that he had never seen such a case, and as he had been only four years in homœopathic practice he hoped he would have heard among so many of more experience what were the resources of homœopathy in such a case; but for his part, rather than give a purgative, he would leave the patient in the hands of the allopaths!!" Alas! Dr. Prince, what can that mean? If the pure dynamic homœopathic treatment, even in its present imperfect state, is universally applicable and sufficient for the cure of all medicable disorders, there

will of course soon be *no allopaths*, and then what is to become of such a patient? To be sure allopaths will never fail in the land as long as homœopathy is in the hands of practitioners who talk deliberately of handing certain cases over to them, for a patient will do anything rather than die leaving a chance for life untried; but that is scarcely what Dr. Prince could mean. Again, did he expect that by longer experience he would find a homœopathic remedy that would produce fluid stools? Surely not: it must be plain to all, that homœopathic remedies can only restore the normal condition of any structure or function, and as fluid stools are not normal, any means of procuring them may be whatever else, but homœopathic they can certainly *not* be. We hope other persons who have touched on this question will be as honest and straightforward as Dr. Prince, and come forward in their own name and state if they have had a case in point, and what they did do, or supposing it, what they would do. Above all, we hope they will keep to the point, and not shirk it as every one of those who have written anonymously on the subject has done hitherto. We beg our readers will read Dr. Black's case again; for our own part we think it was managed with the greatest skill by Dr. Black, and the success was as great as we could possibly hope from all the resources of the art of medicine. In the treatment of that case an occasional purgative was given, especially in the transition from allopathic treatment. If therefore one such case is liable to occur to us in the course of practice, we cannot say that from the moment of adopting homœopathy, we *never* more, however seldom or exceptionally, will use an allopathic dose:—to say so would be to misrepresent ourselves. Never is a wide word, and ought not to be lightly used.

Again, we cannot allow the question of auxiliaries to be misrepresented as it has been by anonymous self-styled defenders—but in reality betrayers—of Hahnemann. To make this clear let us stick close to one example: Hahnemann (in the "Chronic Diseases") expressly recommends the use of enemas of lukewarm water to move the bowels artificially, and in this he has been obeyed by everyone. What does this amount to? The enema is unquestionably a non-homœopathic auxiliary, and is

employed for one of two reasons: either first—if for any reason it is desirable to evacuate the bowels within a given (small) number of hours, a homœopathic medicine is not applicable to such a purpose; or secondly—if applicable it is insufficient, and requires an auxiliary to help it. It is scarcely necessary to say we adhere to the first of these propositions: homœopathic medicines rightly given, will and do cure most inveterate cases of constipation, but they are wholly inapplicable for the purpose of forcibly moving the bowels within a given short time—such a medicine would in fact be a purgative. We repudiate the idea of insufficiency of the homœopathic principle in all cases where applicable, and maintain that the rightly chosen homœopathic remedy requires no auxiliary; and we warn against those who in words assert an absolute, universal and exclusive applicability for homœopathic dynamic remedies, and then in their practice proceed to use a variety of non-homœopathic auxiliaries, thus demonstrating to our opponents, not only their own inconsistency, but their practical belief of the insufficiency of the homœopathic principle. We follow Hahnemann in the belief of the complete sufficiency of the homœopathic principle, though it may not be quite universally applicable, as in the several exceptional cases he has himself pointed out, and some others. We think a plough is better than a spade, though there may be some nooks and corners of the field that can only be reached by the spade. We warn against those who would burden the grand discovery of Hahnemann with a dogma of their own, of its absolute universal applicability, in the very teeth of Hahnemann's declaration, that there are exceptional states that require a temporary departure from it, and thereby expose the whole doctrine to the charge of insufficiency.

We hold it to be all-sufficient in its place, and though we commend the treatment of the case of Mr. Yeldham in this number, and that of Dr. Black before alluded to, yet we have no sympathy with those (if there be any), who on the "serious or dangerous" aspect of a case, would grasp at bleeding, blistering, purging, diaphoretics, composite mixtures, and other routine allopathic appliances, in preference to the homœopathic, or some of these to aid and eke out its "insufficiency"; nor with

those who would run whimpering to a pretended somnambulist to find out the right homœopathic medicine; nor with those who would shirk the case altogether. On the contrary, we have no fear or scruple in following out to their termination—still, oftener, it is true, than we could wish, unfavourable—cases of the ordinary diseases of the most severe and dangerous character, without the smallest temptation to deviate from the purely dynamic homœopathic treatment, with a clear conscience and full conviction that we have given the patient the best chance that medicine affords. On the other hand, still less have we any sympathy with those, who in a case of overloaded stomach would give unlimited cups of black coffee, unlimited tumblers of hot water, and tickling of the fauces, while they would higgie about a smart medicinal emetic, if all those most un-homœopathic means did not suffice; or who would use, to move the bowels, large enemas of cold or hot water, soap, oil and other things, a quantity of indigestible fruits, &c., &c., while they would boggle at a dose of castor oil, if those again most un-homœopathic things were insufficient. We presume that to the latter class belong those anonymous critics who apply the term “mongrels” to all the members of the Edinburgh congress, except the one dissident speaker Dr. Prince. Possibly the term may be applicable, but we must take leave to say, that if they are not themselves likewise “mongrels” it is simply because they are *incapables*; either incapable of wielding any weapon, whether homœopathic or allopathic, with that decision and self-confidence necessary for successful practice of any kind; or incapable of seeing the gross inconsistency of their profession and practice, which however does not escape the sharp eyes of our enemies, and gives a plausible argument against the truth of homœopathy altogether.

We think that it requires the aid of the full circle of the medical sciences to enable us to find the homœopathic remedy, and therefore, in that sense, homœopathy can only make progress *pari passu* with the advance of general medical science; and it likewise requires the full knowledge of dietetics and hygiene, and the full command of all the resources of medicine in order to prepare the way for, and remove obstacles from the

application of the dynamic homœopathic medicines: just as in the case of a festering sore, the surgeon would draw out a thorn with a most un-homœopathic pair of pincers, and then if needful give the homœopathic medicine to help the healing—but hardly till then.

We think besides that the discovery of the law of specifics of Hahnemann is great enough to stand on its own feet, and take its place by its own sheer strength among all that is great and true in medicine, and requires no bolstering up by creeds or sectarian vows. In surgery the ligature of the artery at once takes its proper place as the means of stopping hæmorrhage in operations, and requires no vow that a surgeon who ties an artery will never stop hæmorrhage any other way, whether there are arteries to tie or not. So in medicine we uphold the reformation of medicine through Hahnemann's grand discovery; but we wish not for it one iota more than its just claim, which is surely great enough to place him first on the roll of fame among therapeutic discoverers. We would also remark that those opinions at Edinburgh were expressed by the majority of the men who have worked most in the spirit of Hahnemann, whereas we know nothing of the anonymous objectors. If the latter fear the betrayal of Hahnemann why dont they attack those vacillating professors, or practitioners of weak judgment, who run after every novelty, and think nothing of prescribing a routine application of the water cure, or mesmerism, or clairvoyance, or the highest dilution, as complete systems on the smallest possible evidence? Is that to uphold Hahnemann? To be sure it is far easier, and much more pleasant, to sit gossiping with a pretty young Frenchwoman, holding her hands all the while, on pretence of getting a short cut to the homœopathic remedy by clairvoyance, instead of following the long and troublesome way recommended by Hahnemann, or spending weeks and months in extending our knowledge by proving a medicine. Or it is much easier to open out a grand new field in the high dilutions, on the vague fancies of an insane horse-dealer, than to follow Hahnemann, who took years of experience to get the length of the 30th dilution. We have seen cases lately of cures with 200 and 800 dilutions, by

persons of such short experience in homœopathy, that if their whole time since they first took to homœopathy had been spent in doing nothing else but repeating over and over again the same experiment, in the same kind of case, and removing all the possible sources of fallacy, we would yet consider their evidence wholly insufficient to prove the stupendous fact of an 800th making a cure—not that we say that it is *impossible*. And yet in those short few years they pretend not only to have fully tested the lower dilutions, but already got better in the art of curing than Hahnemann, by going beyond him in dilution. Why not attack such men? Those are the betrayers and false commentators of Hahnemann; those are the men of such unstable mind and light conviction who would on a little provocation abandon homœopathy altogether for any other new thing, just as they abandoned Hahnemann's dilutions on the word of a lunatic horse-dealer. We have always seen that in politics and religion those whose faith is the weakest are inclined to narrowness and bigotry—it is easy to be orthodox at your neighbour's expense—partizans are always *plus royalistes que le roy*, simply because they are ignorant and irresponsible, as it is no doubt in medicine. Those who can only see in homœopathy an universally pervading principle, are so weak in faith that it must be all or nothing, like the Catholics in religion, who must have an infallible church or they slip clean into infidelity. Our faith, we are thankful to say, is of a more robust and protestant character, and side by side with our belief in the truth and complete sufficiency of the homœopathic principle as the law of dynamic specifics, we can admit the full exercise of reason and observation as to a few exceptional states requiring temporary relief for which it is not applicable.

And even if the medical would-be critics are not so ignorant and weak of faith, they must remember that a large portion of their audience must be in that state when they write in popular medical journals; and here they run an immense danger, as we well know that in countries like this and America, where every shade of opinion is represented by the press, the literary profession is often prostituted to party spirit. Let them beware of falling into the vice of pandering to the ignorance, and writing for the “itching ears” of many who support popular

medical journals, among whom must be no doubt a large number of gobemouches, craving after some new marvel, and those who cannot bear to be told that homœopathy is not yet that all-sufficient and perfect thing they have vainly been led to imagine, and that peradventure they or their children may not be cured like magic by smelling a globule offered by the wonderful, pure and orthodox Dr. ——. If they are willing to pander to the tastes of such, there is no doubt but that they will have plenty of hearers and applauders—that is a sure card, and there is no doubt of success, at least for a time—while for the time we shall be held as moderates, and lukewarm, and such like. But let them at the same time never forget that they will have betrayed and retarded the cause of Hahnemann's discovery among the medical profession, and degraded their own moral and professional character, thus attaching to their "success" the stings of an outraged conscience, like the leprosy which accompanied the ill-gotten gains of Gehazi.

REVIEWS.

HANDBUCH DER REINEN PHARMACODYNAMIK, von DR. HEINRICH GOTTFRIED SCHNEIDER. I. LIEFERUNG, DIE ACONIT, BELLADONNA, UND PULSATILLA-KRANKHEITEN. Magdeburg, 1853.

MANUAL OF PURE PHARMACODYNAMICS, by DR. H. G. SCHNEIDER. PART I, ACONITE, BELLADONNA, AND PULSATILLA DISEASES. Magdeburg, 1853.

In our last number we announced the projected publication of this work, the first part of which is now in our hands. The author's proposition was to facilitate the study of the materia medica, by furnishing the student with a scientific diagnosis, as it were, of every medicinal disease, and thereby giving him a correct pathological knowledge of the medicines, so that in practice he may not have occasion to adopt the practice hitherto chiefly

available in homœopathy, of making an almost mechanical comparison of medicinal and morbid symptoms, but may be able at once to compare the actual pathological states caused by drug and disease. We confessed to having some misgivings as to the practicability of the proposed aim of Dr. Schneider, however desirable it might be, and indeed we are sorry to find that our misgivings have proved only too true, for we cannot say that the promise of the prospectus is performed by this first part of the new and improved *Materia Medica*. But we shall endeavour to give our readers an idea of the plan Dr. Schneider has adopted in his work.

And first, we should premise that Dr. Schneider's work is neither more nor less than a rearrangement of the symptoms of the medicines as they are recorded in Hahnemann's *Materia Medica* and the other homœopathic provings. He has adopted without criticism the fragmentary subdivisions of the symptoms as there given, and has not referred to the original sources where accessible, in order to give the groups of symptoms in their natural connexions, which we would think essential to a pathological reconstruction of the medicinal disease; nor has he expunged those symptoms contained in Hahnemann's *Materia Medica* which some of the best commentators have pronounced to be untrustworthy or false. As before said, he has merely rearranged the symptoms contained in our *Materia Medica pura*.

The following is the schema he has adopted in this rearrangement :

I.

SYMPTOMS OF ANOMALIES OF THE VEGETATIVE NERVOUS LIFE.

A. *Symptoms of anomalies in the organs of sanguification.*

1. In the digestive organs.
2. In the respiratory organs.
3. In the cutaneous organs.
4. In the urinary apparatus.

B. *Symptoms of anomalies in the vascular system.*

- | | |
|--------------|--------------|
| a. Positive. | b. Negative. |
|--------------|--------------|

C. *Symptoms of anomalies in the sexual sphere.*

- | | |
|--------------|--------------|
| a. Positive. | b. Negative. |
|--------------|--------------|

II.

SYMPTOMS OF ANOMALIES OF THE PSYCHICAL NERVOUS LIFE.

A. *Symptoms of anomalies of the centripetal psychical nervous functions.*

1. Symptoms of the general sensibility. 1. Corporeal—a. positive, b. negative. 2. Symptoms of the mind, of the disposition—a. positive. b. negative.
2. Symptoms of sensation—a. positive, b. negative.
3. Symptoms of the taste—a. positive, b. negative.
4. Symptoms of the smell—a. positive, b. negative.
5. Symptoms of the hearing—a. positive, b. negative.
6. Symptoms of the sight—a. positive, b. negative.

B. *Symptoms of anomalies of the centrifugal psychical nervous functions.*

- a. positive. b. negative.

C. *Symptoms of anomalies of the central cerebral functions.*

- a. positive. b. negative.

III.

SYMPTOMS OF ANOMALIES OF THE SLEEP.

- a. positive. b. negative.

DIAGNOSIS OF THE MEDICINAL DISEASE.

I.—Character. II.—Chief forms. III.—Peculiarities of the Symptoms.

This it will be seen at the first glance is a totally different style of schema or plan for registering the symptoms to those adopted by Hahnemann and all subsequent compilers of the *Materia Medica*. Theirs (for they are all similar in construction and present only unimportant differences,) may be considered as merely anatomical, or more properly speaking, topological arrangements, and as they are so familiar to all we need not dwell further on them. Dr. Schneider's plan is however constructed on totally different principles. The attempt to separate the symptoms of the vegetative nervous life from those of the psychical nervous life, involves the sundering of things that cannot be well disunited without destroying pathological connexions of the utmost importance, more especially in a work which pretends to put the *Materia Medica* on a sound pathological basis. We shall illustrate this by the first medicine Dr. Schneider treats of, which is Aconite. At page 2 we have symptoms pertaining to the stomach, such as eructation, heart-burn, nausea, vomiting, distension, &c., these are said to be the symptoms of the stomach belonging to the vegetative nervous life. Now for all that relates to the pains and morbid sensations in the stomach, we must look in quite a different part of the book, viz.,

at page 25. Now it is quite obvious, the first mentioned or more objective gastric symptoms cannot, without doing violence to that pathology in defence of which this work has been nominally undertaken, be severed from each other. To do so is to exaggerate the very faults of the Hahnemannian schema, to which it has always been objected that symptoms obviously intimately connected are unnaturally disunited. We recognise the pathological state of inflammation when we are informed that there is heat, pain, redness and swelling of the part; but our recognition of this state would certainly not be facilitated were we to find the heat and pain to be in a description unnaturally severed from the redness and swelling. And so it is in the case before us; we shall best be able to form a correct idea of the pathological condition of the stomach if we have all the symptoms objective and subjective before us, but the more they are scattered and disunited, the less shall we be able to understand their pathological signification. Let us look at another instance. In order to arrive at a knowledge of the effects of Aconite on the eye from Dr. Schneider's schema, we have to look in the first place through that section which treats of the anomalies of the circulatory system, and there at p. 12, under the head of "inflammation," we shall find the objective symptoms relating to the eye. Eight pages further on, at page 20, we have the pains and sensations in the eye; and at p. 32 we have the symptoms that relate to the vision and the state of the pupil. Now Aconite will cause inflammation of the eye, characterised by pain, redness and photophobia; in Dr. Schneider's book, which professes to give us a better knowledge of the pathological states caused by the medicines, we find these three symptoms respectively at p. 12, p. 20, and p. 32!

In Dr. Schneider's divisions of the symptoms into *positive* and *negative*, there is an attempt to force upon us some theoretical views of the author's own, which he does not explain, but which are, or ought to be, foreign to the schema of a good *Materia Medica*. These positives and negatives remind us of Dr. Gerstel's division of the symptoms in his schema of Aconite, into *active* and *passive*, which excited so much reprehension. Thus we are unable to perceive why "distraction of the mind"

should be termed a *positive* symptom, and "vertigo" a *negative* one, nor is it clear to our minds why "sleeplessness" should rank in the former category and "sleepiness" in the latter.

Had Dr. Schneider exercised more critical discrimination in his register of the symptoms of Aconite, we should not have met with such pathological conditions as the following symptom indicated as the effect of Aconite. "Blennorrhœic inflammation of the eyes, which was so painful and frightful to him that he wished himself dead." The source whence Hahnemann obtained the symptom (R. A. M. L., art. *Acon.*, symp. 96,) which Dr. S. has thus rendered, is a case of intentional poisoning, recorded by Richard. Had our author referred to the original record he would have found that this pretended blennorrhœic ophthalmia ran its course in little more than an hour, if as much, in which case he would have rather interpreted Hahnemann's "*Triefende Augenentzündung*" as "Inflammation of the eye with flow of tears," than by the term he has adopted, for it requires rather more than an hour, or even a day, for the development of the blennorrhagic process in a mucous membrane.

There remains still another division of Dr. Schneider's work to be examined, and that is his short summary of the pathology of each medicine, which he terms the "Diagnosis of the medicinal disease." We shall give entire his diagnosis of the Belladonna disease, in order that our readers may be able to judge of the value of this portion of the work.

"DIAGNOSIS OF THE BELLADONNA DISEASE.

"1.—*Character of the belladonna disease.* In the positive effects of Belladonna the character of *hypersthenia* and *hypererethism* manifest themselves in the most distinct manner. By these expressions I mean excessive excitation not only of the nerves of vegetative life, but also of those of the psychical life; Belladonna is therefore in the homœopathic point of view a general remedy for acute phlogoses and neuroses and neuro-phlogoses. In its negative effects there occur (as is the case in those of all poisons) especially in the higher psychical nervous life, the opposite, viz., torpor, paralysis, death. The negative effects of Belladonna however are just as far from being the consequences of the positive, as death by a stab to the heart with a dagger is from being ascribable to a previous prick with a needle; they are only its more and most perfect actions. Were this not the case, then Belladonna (like other poisons) would be utterly useless as a homœopathic medicine in those morbid states corresponding to its nega-

tive actions; for were the negative symptoms merely consequences of its action, they would lie beyond its sphere of action. That they are not useless, experience has already shewn. Belladonna is therefore in the homœopathic sense a great remedy, a true polychrest, and that in the most dangerous acute diseases."

We fear none of our readers will rise from the perusal of the above account of the character of the Belladonna disease much enlightened. It is composed of mere phrases, and reduced to plain language it teaches this and nothing more: that Belladonna is an excitant of mind and body, and that it will cure those morbid states that present a similarity to the symptoms it causes. Then follows:

"2.—*Chief form of the belladonna disease.* The *first chief form* is that of the *smooth acute exanthema* (of scarlatina, erysipelas), which, in its higher development will amount to phlegmon. We know of no medicine, which possesses the tendency, in the same degree as Belladonna, to excite external, i. e., peripheral acute disease; in this respect it stands on a level only with the contagion of the acute exanthemata, and chiefly with that of scarlatina. I consider it scarcely admits of a doubt that—in the same manner as the scarlatina contagion exists in the scarlatina rash—it is the Belladonna virus itself which, thrown upon the skin, excites the relieving exanthematic process; nor can I doubt that the internal inflammations and inflammatory irritations Belladonna excites—just like those the scarlatina-virus excites—are of exanthematic or enanthematic nature. For this the symptoms, as far as they can be made out, give evidence. In other respects there obtains a remarkable coincidence betwixt Belladonna and the scarlatina virus, as regards their specific affinity to the same parts of the organism.

"The *second chief form* of the Belladonna disease is *hydrophobia*. Its effects exhibit again in this direction a remarkable resemblance to those of the virus of the rabid dog.

"The *third chief form* is *neuralgia*, evidently generally a congestive neurosis of the nerves of secretion; the kinds, the seats, the mode of occurrence of the pains, their conditions of aggravation, and their concomitant symptoms speak in favor of this view.

"The *fourth chief form* is *spasm*. In the list of its symptoms we find the counterparts of various kinds of clonic and tonic spasms, from chorea up to epilepsy, and from cramp up to trismus and tetanus.

"The *fifth chief form* is derangement of the disposition (*gemüthsstörung*), in its three modes of development: folly, frenzy, and apathy; whereas derangement of the mind (*seelenstörung*), plays but a secondary part in the effects of Belladonna."

We in our ignorance had always supposed that the derangements our author speaks of belonged rather to the latter than the former category.

“The *sixth chief form* is *paralysis*, which appears as palsy of the nerves of sensation, taste, sight and motion, (particularly as hemiplegia and dumbness), and in its greatest degree as apoplexy, which, agreeably to the character of the Belladonna disease, may be either sanguineous or nervous apoplexy.”

The above section, as will be noticed, contains nothing but an enumeration of a few well known and sufficiently vague generalities relative to the diseases Belladonna is capable of curing, expressed in a misty and pedantic manner; but it does not throw the least light on the pathology of the Belladonna disease, and does not add one iota to our previous knowledge. The next section is probably more calculated to be of service to the practitioner were it less vague than it is; it is entitled:

“III.—PEOUILIARITIES IN THE SYMPTOMS OF BELLADONNA.

“*The chief times of their occurrence.*—In the afternoon (from three to four o'clock) all the symptoms are worse; in the forenoon they are more bearable; besides this many of the symptoms of the Belladonna disease occur on waking in the morning, in the evening, and at night in bed.

“*Peculiar kinds of pains in the effects of Belladonna.*—Hard pressure, as from a weight, a stone; cutting pressure; shooting pressure, or blunt knife thrusts; pressure outwards, forcing outwards, as if the bowels or some hard body were doing it; stitching; contraction; constriction; pinching; contraction and stitching, also sinking and rising alternately; cutting, tearing; cutting, shooting sharp knife thrusts; shoots outwards; stabbing, throbbing; paralytic pains, *e. g.* drawing, tearing; pains in the body and limbs going upwards; *e. g.* crawling, formicative, tearing, shooting, drawing pains that gradually increase and as gradually decline, or that rise to their greatest height and then suddenly disappear, in order to occur somewhere else.

“*Many pains arise or are aggravated*—On rising up; at every step when walking; on stooping; when sitting in a stooping posture; on moving the part; on coughing; on supporting the head.

“*Many are relieved*—By external pressure; by lying on the affected part; by lying on the opposite side; on eating.”

We have devoted considerable space to the review of this work, more on account of the importance of the attempt to remodel our Materia Medica, than because of the success of the

attempt. Whilst giving the author all praise for his excellent intentions, and acknowledging the great labour he has bestowed on the part before us, we must unhesitatingly confess that Dr. Schneider has not succeeded in adding anything to our knowledge, or in facilitating the study of the medicines he has already treated of; on the contrary, the whole plan and execution of the work are calculated to confuse and perplex the student infinitely more than the more purely mechanical arrangement of the symptoms adopted by Hahnemann. The difference betwixt Schneider's and Hahnemann's schemas consists mainly in this, that in order to understand the former at all we require to be conversant with and to adopt some pathological views of the author that are, we believe, founded in error, but that are, at all events, far from being necessarily true; whereas with Hahnemann's arrangement we do not need to pin our faith to any pathological doctrines whatever.

In the present state of medical and pathological science it seems better to construct our *Materia Medica* without any reference to pathological theories, and hence we prefer the principle of Hahnemann's to every other proposed arrangement, but particularly to that of Dr. Schneider, which is to us utterly incomprehensible.

PRINCIPLES OF HOMŒOPATHY, by WALTER JOHNSON, M.B.
Formerly Medical Tutor, Guy's Hospital. London, Simkin & Marshall.

THIS is one of the most simple, concise, and well arranged popular treatises upon homœopathy that we have seen. The author had distinguished himself by his zeal, talent, and industry, at the great medical schools in London, before he became acquainted with the cold water system of treating disease. This he practised in conjunction with his father, whose works on the subject are well known to the public and profession. Having utterly failed to give relief in a case of chronic headache, he learnt that the patient on whom the water power had been exerted in vain, had been entirely cured by homœopathic medicine. With the candour of an ingenuous nature, he first

tested the system on some of the patients under his charge; observing unequivocal benefit, he resolved to study it in serious earnest, and obtained from Mr. Turner, of Manchester, access to his extensive library of homœopathic works: these he perused with diligence and discrimination, and afterwards observed the practice in the London Homœopathic Hospital under Dr. Quin.

The result was his confirmed conviction in the superiority of homœopathy as a system, although he carefully hedges against its absolute exclusiveness and universality. On the whole we deem this the safer ground for a "debutant" to take, and we have little doubt that if he vigorously prosecute its practice at Malvern, whither he has now gone to establish himself, he will find that the more earnestly and exclusively he devotes himself to the system, the greater will be his success. But he will find if he really sets before himself the high aim of achieving all the success obtainable by the conscientious practice of homœopathy at that rich and fashionable watering place, he will have to encounter many difficulties; the chief of which he will find to be, that those who go there are in haste to be made well, that as their time and purse are both limited, they will always urge their attendant to put on as much steam as possible; and he will find it requires self-denial both on the part of himself and his patients to prevent them from being carried away by the delusion, that by multiplying the variety of appliances for affecting their constitution they are necessarily advancing to their desired goal.

HOMŒOPATHIC DIRECTORY, &c., BY DR. ATKIN.

WE have been favoured with a glance at the proof-sheets of this work, and much as we expected from our knowledge of the special capacity of the author for such a task, yet both in its plan and in its execution it greatly surpasses our anticipations. After some preliminary matter we have a "Homœopathic and general Medical Calendar," in which every event of much moment to homœopathy—the birth of this journal among others—is duly chronicled. At the foot of each page, there is a climate table, showing what kind of weather there is in the various

resorts of invalids, *e. g.*, Madeira, Clifton, Rome, &c. Then comes sundry useful miscellaneous information; and as the revolution of a homœopathic year seems to have suggested the probable accumulation of capital we have a long list of bankers and the price of stamped receipts; but as the author felt that the inexorable tyrant Death was neither to be outwitted by medical science nor bought off by gold, the register appropriately closes with "Directions for making a Will." We have next an alphabetical list of the London streets, and the names of the practitioners of homœopathy, who there give forth their light: and then a full list of the same practitioners in the order of their surname initials, with a detailed enumeration of their titles and a list of all the works they have written. The Metropolitan homœopathic hospitals and dispensaries occupy the next section; and in this a full notice of each of these institutions is given. The Metropolitan and other associations for the advancement of homœopathy follow. Leaving London with its wreath of smoke we find the counties of England arranged in alphabetical order, along with the names of the practitioners who dwell there; and then the fuller enumeration of these according to the same method as in the London department; and it is highly gratifying in looking over this goodly list to observe what a large number have contributed in some way or other to the literature of the profession, or have been instrumental in founding and supporting charitable institutions for the administration of homœopathy to the poor. A full list of all such institutions is here given, and the number treated at some of them is very striking—27,450 at the Liverpool one, 24,884 at Manchester, 19,000 at Edinburgh, &c. Not satisfied with giving us a directory for Britain, Dr. Atkin has been at the pains to register the names of all the best known practitioners both in Europe and America, and the latter especially is a most formidable list, in the State of New York alone there being no less than *three hundred legally qualified practitioners* of homœopathy. Besides this list we have a full account of the various colleges and other institutions in America and upon the Continent, and an imposing catalogue of the professors and court physicians who have adopted homœopathy. The amount of royal patronage it has

received will, we think, rather surprise most of the readers of this work. Great as the labour and utility of this book would be did it stop here, by enabling those who travel or remain at home, both to be at their ease if they had a copy of it in their possession, for wherever they were they might ascertain the name and address of a homœopathic physician; yet this has not satisfied its author; and to us the most interesting part of the work is the full catalogue it gives of all the books published both in Britain and America for the advancement of homœopathy. As far as we can judge the list seems both full and accurate, and we have no doubt will be fuller each successive year.

Such is a brief outline of this most remarkable book, of which it may be said that it succeeds in effecting, by the eloquence of figures, what so many of our brilliant advocates fail in achieving by the figures of eloquence.

CLINICAL RECORD.

Case of Spinal Irritation cured by Mesmerism, *by J. RUTHERFURD RUSSELL, M.D.*

The following case is the most striking example of the beneficial effects of mesmerism that has yet come under my observation, and it deserves attention from the rapidity and the apparent permanence of the cure.

The patient is a lady of about 36 years of age, of a nervous lymphatic temperament; from her early youth she had been delicate, suffering from various forms of dyspepsia, also from some affection of the right leg, which caused lameness and gave the appearance of shortening to the limb. She had taken a great quantity of medicine of various kinds. Last autumn she consulted a physician, and thus describes her condition at that time and his treatment. "Suffering from indigestion and a sore throat, I consulted Dr. ———, who pronounced it a case of intense dyspepsia, and applied hot fomentations at night, bathing of the hands and feet in cold water, restricting my diet to pounded meat once a day, and forbidding salt. The mucous membrane was said to be much affected. On my complaining of much internal pain at the lower part of the abdomen, he pronounced it to arise from ulcer of the womb, and applied lunar caustic. The following day I entirely lost the use of my voice and of my right leg,

which was much shortened and felt numb; spasms, convulsions and retching succeeded; I was unable to swallow even a grape for a little time, and for many days was in a very precarious state; my tongue was deeply furrowed, and my throat was much inflamed. After seven weeks of great suffering I gradually got better, and with the aid of a stick was able to walk about, though very slowly; my digestive organs improved so that I was able to take a little meat instead of liquid, which for some time I had been kept upon. The physician thinking me again in a state to be operated on, applied sulphate of copper to the neck of the womb. The result was, a few hours afterwards, great exhaustion, complete loss of voice, the right leg again became affected; for five weeks I suffered dreadfully from spasms, palpitation of the heart, faintings, &c. My nerves were in such a state that I could not bear the least noise, and if my couch were shaken the pain it produced in my spine was so great that it caused me to faint instantly. The spasmodic attacks succeeded each other so frequently, that I lost all strength and could scarcely move from my bed to my couch. After everything I took I had much acidity and flatulence. It was at times agony to me to speak, I could only whisper *one word* at a time, and that not without holding my hand firmly over my heart."

Such is a pretty accurate description of the state in which I found her. The tongue was deeply furrowed, the voice entirely gone, she complained of violent spasms about the epigastric and cardiac regions, the pulse was tremulous, rather quick, and weak. There was much tenderness on pressure down the spine, and pressure on this part produced difficulty of breathing, palpitation of heart, and other uneasy sensations. She could not sleep from pain, and the slightest shock to the bed or couch on which she lay made her writhe from the general pain it produced. She was in a state of great mental depression, although naturally she had good spirits, as she had given up all hopes of recovery, and her sufferings were incessant and almost intolerable. If sleep overpowered her she suddenly awoke with night-mare and a feeling as if the spine were on fire, and she felt always inclined to shrink from herself as she expressed it. She suffered from dysmenorrhœa and the retardation of the menses. I gave her *Cocculus*, *Lachesis*, *Nux vomica*, and *Pulsatilla*, in succession, and for about fifteen or twenty minutes daily made slow passes from her neck downwards in front. I also ordered her a more generous diet. On the third day after this treatment the voice returned, and the spasms entirely left and never returned. All the morbid symptoms gradually and rapidly disappeared, and in rather less than six weeks she gave the following account of her state: "I sleep very fairly, my digestion and appetite are good, I can now drive out and walk without feeling fatigue, the lameness is quite gone, also the internal pain; the only inconvenience remaining is tenderness and weakness of the spine if I sit up long together."

Headache cured by Camphor; Neuralgia by Bryonia. 483

I consider this case as quite a type of the kind for which mesmerism is adapted; and I now recal one similar case which went on to a fatal termination from exhaustion before I was acquainted with this powerful remedial agent. It is now many months since this patient has ceased to require any medical attendance; during this time she has been exposed to great fatigue and anxiety and yet there has been no return of her former complaint, so that I am inclined to consider the spinal irritation as being effectually cured. The application of caustic to the womb in this case evidently arose from an error in diagnosis, as the abnormal condition of the organs of generation was probably only sympathetic; probably the ovaries were first affected by the state of the spine, and then the uterus.

Headache cured by Camphor, reported by Dr. Metcalf of New York.

I was called to see a gentleman between 30 and 40 years of age, of stout make and nervo-bilious temperament, suffering from sick headache. He was subject to attacks of a similar character, though not often so severe as the present one. He stated that he awoke in the morning with a dull heavy sensation in the whole head, especially in the occiput, entire want of appetite almost amounting to disgust for food. The heaviness increased and was accompanied by a general feeling of *malaise*; in the course of the forenoon nausea came on, and a single vomiting of a green fluid, forcing him from pain, prostration, and general illness to go to bed. At 2 p.m. when I saw him, he had but little nausea, but complained of an extremely distressing throbbing in the nape of the neck and occiput, which seemed as though it would burst open the head. The throbbing was described as full, heavy, and synchronous with the pulse; it was momentarily almost removed by sitting up in bed, but soon returned; it might then be again relieved by standing upon his feet, but he did not fancy the experiment, as lying down again was then attended with a very distressing aggravation. The pulse was full, rather quick, and soft, skin naturally moist, extremities quite cool, head hot. I gave him two drops of Spirit of Camphor in a spoonful of warm water and the bottle of camphor to smell. In ten minutes the distressing throbbing began to subside, and in half an hour he fell off in a sleep of two hours duration, from which he awoke perfectly relieved. His appetite remained delicate for a day. He has had but one slight return for more than a year.—*North American Hom. Journ. for Feb. 1853*, p. 86.

Neuralgia cured by Bryonia, reported by Dr. Humphreys, of Utica.

A gentleman, æt. 36, of bilious temperament, dark hair and eyes, quick and somewhat excitable, had suffered for some years at intervals from a

most violent neuralgia, which had resisted the routine of allopathic practice, as well as the influence of many homœopathic medicines. The pain came on in paroxysms like an electric shock, darting through the part suddenly, and then returning at intervals of from one to ten minutes, occasioning an involuntary screwing and drawing of the face and neck. The pain commenced at the base of the cranium, back of the ear, at a point corresponding to the emergence of the great occipital nerve, and from thence extending up and over to the vertex, and even anterior portions of the head. It was as though a burning needle were suddenly thrust through the part. It was easier when he was quiet, worse during exercise and in the night. The parts became exceedingly sore and sensitive after the pain had continued for a time. Bryonia 30 and 6 perfectly relieved it in a few hours, and he has had no return since.—*North American Homœopathic Journal for Feb. 1853, p. 84.*

Polypus of the Nose cured by Calcarea.

A married woman, aged 46, still menstruating, subject to prosopalgia, got a polypus on the left side of the nose, which grew apace, and had already almost reached the level of the nostril. By its pressure on the septum narium it not only stopped up the left but also the right nasal cavity, so that she could only breathe through her mouth. She was about to undergo an operation, when I requested her to make a trial of homœopathy. She took 12 doses of *Calc. carb.* 3/30 without change; then 8 doses of *Calc. c.* 18 in the same way; thereafter *Calc. c.* 9, and thereupon the diminution and shrivelling up of the polypus began, and went on so quickly, that fourteen days after taking the second last doses, nothing more was to be seen than a large fold of mucous membrane, the nasal passages were quite free, and have remained so ever since, now two years.—(*Dr. Goullon. Allg. h. Ztg.* 48.)

*On the employment of Euphrasia in Measles, by C. W. Boyce, M.D.
Auburn.*

Some time last summer I took several doses of Euphrasia in order to ascertain if my system were susceptible to the effects of that remedy. The symptoms I experienced were: fulness of the eyes, with a dread of light, and an irritation and dryness of the nose. The photophobia was intense, and was accompanied by slight redness of the skin around the eyes.

For the last year, and in fact two years, we have had in this vicinity an epidemic of measles. The disease was almost universal, and many cases were fatal. At the time I took the Euphrasia I had several cases of measles, and from a comparison of the symptoms with my own feelings,

I was led to administer this medicine, and the result was as surprising as it was gratifying.—(Here follow the details of three cases, in which it seems to have been of use, and Dr. Boyce adds he has given it in a great many other cases).—*North American Journ. of Hom. Feb. 1853.* [Note by Dr. Drysdale.—I am happy to join my recommendation to that of our American colleague. For years past I have been in the habit of employing Euphrasia, either alone or alternately with Aconite, according to the severity of the general fever in the first stage of measles, with speedy good effect in the catarrhal symptoms of the eyes and nose.]

OBITUARY.

DR. WAHLE, of Rome.

We regret to have to record the death of this distinguished disciple of Hahnemann, which took place at Rome on the 9th of April last. Few Homœopathic practitioners have laboured with greater zeal and earnestness for the development, external and internal, of the homœopathic system. Dr. Wahle was originally a practitioner enjoying considerable repute and practice in Leipzig. Certain paltry acts of persecution on the part of his allopathic colleagues, rendering his residence in Leipzig disagreeable, he removed ten years ago to Rome, in order to become the pioneer and apostle of Homœopathy in the Eternal City. He experienced great difficulties from the Pontifical authorities, in obtaining permission to settle down in practice there, and even after this permission was accorded him, obstacles were thrown in the way of obtaining his medicines, which were long detained at the Custom-house, and only eventually released by Dr. Wahle's personal application to the Sovereign Pontiff. Dr. Wahle latterly enjoyed a large practice in Rome, and was very much liked by his patients. He was an excellent practitioner, and a man of genial humour and great kindness of disposition. We had the pleasure of spending some hours with him at Rome, and were much struck by his sound practical views on the subject of homœopathy, and his youthful zeal and ardour in furthering the scientific development of our system. We met him again at Leipzig in 1851, whither he had come to assist at the inauguration of Hahnemann's statue, and where he charmed all by his enthusiasm for the promotion of new provings of medicines. His age at the period of his decease might have been about 55. Dr. Wahle has contributed largely to the enrichment of our *Materia Medica* by his excellent provings of Kreosote, *Prunus spinosa*, *Cimex lectularius*, and other remedies, and at the time of his death he was engaged in preparing a volume of new provings for the press; which we announced in our last volume, page 509.

HOMŒOPATHIC INTELLIGENCE.

Proceedings of the British Homœopathic Society.

Although we are prevented by want of space from publishing in full the transactions of this society, yet we gladly take advantage of the report of the following discussion, which may be regarded as in a sense supplementary (although anterior in point of time) to that which took place at the last Congress, for few who took a part at that meeting were present on the occasion of this discussion. We regret that we have not been favoured with an analysis of Mr. Mackern's paper; however his views may be gathered from the recapitulation of them he gives at the end of the discussion.—[Eds.]

May 6, 1852.—Mr. Mackern read a paper on "*the dose*" of the remedy.

Mr. Yeldham commenced the discussion by stating that he could not agree with the views of the author as to the propriety of using the low dilutions solely. On looking around he saw homœopaths of the highest reputation deriving the greatest benefits from the use of the high dilutions; and while he heard of such men as Boenninghausen, Stapf, Gross and Hering employing the highest, he must, before adopting Mr. Mackern's views, disbelieve all he had heard, as well as the evidence of his own senses. Again, Hahnemann, so patient in research and judicious in inquiry, had himself the greatest confidence in the high dilutions. He believed that there was a class of diseases in which a special dilution was most useful, in fact specific, and that it would be well worthy of the society to institute an inquiry into the question. During the last five weeks he had had charge of the hospital wards; and, whenever he had the opportunity without jeopardising the safety of the patient, he had been trying the high dilutions almost exclusively from the 100th upwards; and although his observations were not yet matured, he hoped at some future time to be able to lay the results before the society. He had made these experimental investigations with a view to satisfy himself as to what amount of value there was in the high dilutions. In private practice he found it advantageous to vary the dilutions, and as a general rule he used the low in acute and the high in chronic affections.

Mr. Kidd had closely investigated for years the subject of the dose, and of the relative value of various dilutions. In a public

institution, the practice of which he carefully watched several years ago, he observed one medical attendant using chiefly the high dilutions (30 to 800) in chronic diseases and in certain cases of acute. At the same time another attendant used the medium dilutions chiefly, and at shorter intervals. The general result of the former seemed absolutely nil, and the number of cases dismissed cured was not one-third in proportion to the latter. During a six months' tour on the Continent he remarked that the advocates of high dilutions were generally men of sanguine temperament, with a preponderance of the perceptive faculties over the reflective—men who boasted of wonderful cures of single cases, but whose experience expressed little result on certain uniform diseases. The practitioners who expressed disappointment with the high dilutions were quiet men of large reflecting brain and more philosophic mind, who seldom boasted of single cases, but more truly looked to the entire results of their whole practice in comparison to the allopathic system. The former class he also observed were easily led after novelties in theory or practice, of which the first advocates of isopathy afforded a striking instance. In his own practice Mr. Kidd had tried all dilutions, from 1 to 800, with a result very clear to his own mind, finding curative results from all, he yet found those results very uncertain from dilutions ranging above 6 to 800. From 1 to 3 he had observed much more uniformity of action and greater certainty of result. The comparative freedom from perturbations had proved most marked also. Every year added to his increased reliance on low dilutions and triturations. So much so that unless he could find some better mode of bringing the great fundamental law of homœopathy into use than the exclusive administration of high dilutions, he could not conscientiously practise it. Mr. Kidd instanced a case of gonorrhœa cured by him in ten days by Cannabis ϕ , four times a day. The same individual had been treated during three or four months for a similar attack by another practitioner, by Cannabis 3, Canth. 3, Merc.-S. 3, Sulph. After months of torture, quite unrelieved by the above dilutions, the patient slowly recovered. Many cases he could adduce of cure quickly brought about by the 1st dec. dil., when the same medicine had been used in vain (by other practitioners or the patient) in globules of 12 to 30, this too in chronic diseases. Many acute diseases yielded to any dilution, whilst others were not *perfectly* curable except by the lowest dilutions, whose material action seemed necessary to expel the "materies morbi," and in torpid relaxed

constitutions to restore the organic health. Some chronic diseases, especially those of delicate functions or fine tissues, were only curable by high dilutions; still they constitute the smaller share of diseases ordinarily met with. In a very large class of chronic diseases where structural changes had occurred, he had found high dilutions useless for *curative* action. Yet the non-malignant frequently yielded to mother tinctures and 1st dilutions applied locally also in obstinate cases. The globules he considered a vicious mode of *keeping medicines prepared*, and he hoped to see their use discontinued generally in practice. When found desirable to administer medicines on the tongue, he prescribed the tincture of the required dilution dropped on sugar at the moment of use. Even with an 800th dilution he had learned by experience to use the attenuation itself not as sold in globules.

Mr. Leadam considered the question of "the dose" one of great difficulty. Experience was much at fault on the subject; at the same time he could by no means consent to give up the use of globules, which were so convenient a form of administering the smallest quantity of any medicine, and he had never found that absence of effect attributed to them by some of the foregoing speakers. He had seen disease decidedly give way under the administration of globules of the 12th dilution, which had steadily increased under the lower. He wished to enquire of Mr. Kidd if the gonorrhœa he had spoken of had been a first attack, as it was well known that patients suffering from a first gonorrhœa were much more difficult to cure than a second or third. In conclusion, he would say that he was not himself wedded to any special dilution or class of dilutions; and in a matter so open to debate he should for the present adhere to his usual practice of suiting, so far as his judgment went, the dilution to the case, using the lower in acute, and the medium and higher in chronic cases, seldom advancing beyond the 30th.

Professor Macdonald regretted that the author had not tabled his opinions and results more definitively. He considered Mr. Kidd very rash in proposing to give up homœopathy unless he could use the low dilutions. Such an assertion would cause great joy in the pages of the *Lancet*. It would be leaving the path chalked out for us by Hahnemann. If too strict a line were drawn it must prove a complete obstacle to progress. Dogmatism would not do. We could not say "you shall use none but the high dilutions," or, "you shall use none but the low," but each must be the subject of careful obser-

vation. To give up the globules, he thought, would be something like giving up homœopathy, and he would be sorry to find such opinions obtaining a wide publicity. He thought that, generally speaking, the high dilutions had a more extensive range of usefulness than the lower ones; but he also thought much of the good results of the former might be attributed to the character of the physician for patience. Believing that the homœopath had nothing to do with mere nosological arrangements of disease, he was much pleased with the hint thrown out by Mr. Mackern in relation to embryology.

Mr. Vardy, when commencing his experiments in homœopathy, had enquired of Mr. Headland what were the best dilutions to obtain, and he had been advised by him not to regard the dilution, but to be careful to obtain the right remedy. For some months he had used the 12th only, during the whole period he was investigating the advantages to be derived from homœopathy. He had since come to the conclusion that the 30th is the most efficacious dilution in chronic cases. He used the lower dilutions of a few medicines, as Arnica, Belladonna, &c., and had only twice used the tinctures, and yet he considered that he had been tolerably successful, and was therefore persuaded that the globules were useful, or that the patients do best without any medicine at all.

Dr. Partridge preferred the term attenuation to any other expression ordinarily used. As to the attenuation his practice admitted of great variety, sometimes using the ϕ or No. 1, at others ascending to 30th, 200th, and even 800th, believing that there was efficacy in all of them. His conviction from long experience was that most failures in homœopathic treatment arose from over medication. He believed that most aggravations were produced by high attenuations, while many of the alleged successes of the lower were due to their comparative inertness. He felt certain that there were many chronic affections which could not be touched by the lower attenuations, and he was at a loss to know what kind of chronic affections Mr. Kidd would cure in a week or two by the low dilutions. He believed that there was danger in the careless use of the high attenuations from their great potency rather than from their want of power. He had seen bad results even from the 30th attenuation, such as high states of nervousness, and deterioration of the general health which had been overlooked by the practitioner; he was therefore far from using them in highly susceptible and irritable patients. On the contrary, in such cases he descended to the lower; hence he believed a wide

range of attenuations necessary. He remembered a paper being read before the society on the subject of the dose, in which the author recommended the use of the 6th dilution, on the ground that the particles would then be sufficiently divided to penetrate the capillaries, an argument which carried but little weight, since it must be evident there must be tissues much more minute than the blood-vessels to be penetrated. He should regret the abandonment of globules if it were only on account of their convenience and portability; he had lately treated two cases of pneumonia with globules alone. *Aconite* 3, *bryonia* 3 and 6, and *phosphorus* 3 and 6, were administered not oftener than every six hours, and sometimes with twelve hours interval. With regard to the case of chronic gleet, quoted by Mr. Kidd, he thought it most probably kept up by medicinal action, probably by too frequently changing the medicines; such cases were obstinate under any method of treatment.

Mr. Kidd wished to remind the members that he used all the dilutions up to the 800th, and analyzed the results he obtained, and he depended upon the high dilutions in certain chronic diseases, only he did not use them in the form of globules.

Dr. Hamilton, after thanking Mr. Mackern for his paper, said that he considered the choice of the remedy to be of the first importance; next ranks the attenuation, and thirdly the quantity given. He agreed with Mr. Kidd that a large amount of experience was necessary before coming to a decision. He had compared the experience of large numbers of practitioners, and could not come to the conclusion that globules were inefficacious. He thought that much of this discrepancy of opinion arose from many leaving the path traced out by Hahnemann. He had always recommended the tincture of *Cannabis* in gonorrhœa.

Mr. Yeldham expressed his gratification at hearing that Mr. Kidd gave all the dilutions. It therefore seemed that the difference was not so great as at first appeared. He had met with one or two cases where the symptoms were purely objective, and which he had successfully treated with the high dilutions. One was a case of scrophulous ophthalmia, in which various remedies had been administered from the 3rd to the 30th attenuations, with doubtful or not permanent benefit. He then gave *Calcarea* 200, and with twelve powders she was perfectly cured. A second was a case of psoriasis, which had been seen by many there present, as the boy had applied for admission into the hospital. He was covered from head to foot

with the eruption, and was in a shocking state, so much so that his admission was objected to on account of the length of time it promised to occupy. He had prescribed Arsenicum 200, and rapid improvement took place, and with some variation it has continued, and he is now well.

Dr. Wielobycki thought it would be too bold to discard the globules. He generally used the 6th and 12th, which were very useful even in acute diseases.

Mr. Mackern feared he had not made his meaning quite plain from the observations which had fallen around. What he had endeavoured to advance was that the question was not in a state to be settled at present, as the materials were far too meagre. He rested the solution of the difficulty mainly upon a complete natural classification of disease, imperfectly traced out by himself that evening, and he agreed with Dr. Drysdale (in his paper on the "dose," in *British Homœopathic Journal*, vol. vi., p. 1) that the full efficiency of the mother tincture had not yet been thoroughly tested. We know so little of the natural history of disease that a wide range of experiment would be required before we should have acquired sufficient data to form our opinion and practice thereupon. The uncertainty yet involving the question arose from the tendency of the human mind to oscillate as a pendulum; the misfortune at present was that it remained too long in one direction. He contended that we were not justified in trusting to the high-dilutions while the spiritual nature of man remained so much under the controul of his physical nature as in large and crowded cities. On this account, in the mass of patients all external influences were opposed to the proper action of the high dilutions. He believed the globules to have been the great stumbling block to the progress of homœopathy. He concluded by proposing that the society should form a committee to investigate the subject, and to report the results of their investigations from time to time.

Mr. Searle merely wished to remark that the globules had been to him most convenient, and he always directed his patient to place the medicine upon the tongue, in order that it might dissolve in the mouth and not intermingle with the ingesta, and thus be more readily taken into the system.

Blood-letting in inflammation judged by a Professor of so-called rational medicine.

The celebrated Professor Bock of Leipzig, whose position as one of the celebrities of the dominant medical school would, we might suppose, give him anything but a bias towards homœopathy, expresses the following significant opinion in his latest work entitled "*Lehrbuch der Diagnostik*," published last year:—"The blood-fearing homœopath, moreover, cures inflammations certainly not worse, indeed perhaps quicker, than the blood-thirsty allopath."—(p. 225.)

Medical Colleges of Philadelphia.

The number of graduates in the different Medical Colleges of Philadelphia for the season 1852-3 is as follows :

University of Pennsylvania	160
Jefferson Medical College	223
Pennsylvania „ „	160
Philadelphia „ „	25
Homœopathic „ „	55
Female „ „	7
Total	<u>528</u>

An increase of 27 over last year—*Philadelphia Journ. of Homœopathy*, Vol. ii. No. 2.

It will be noticed by the above list that the Homœopathic College is not the least popular of the various medical schools of Philadelphia, and we must congratulate our Transatlantic brethren on the success they have hitherto attained. A very intelligent American lady, who from her extensive acquaintance with all circles of society in the Northern states, is better calculated to form an opinion on the subject than most persons, assures us that in many parts of the states those favorable to Homœopathy constitute the majority of the population.

Homœopathy in France.

It is said that a homœopathic chair is about to be established in the Faculty of Medicine, owing to the influence of Marshal St. Arnaud, who attributes the saving of his life to the skill of a professor of this hitherto illegitimate branch of the healing art.—*Moniteur*.

We learn further from the French journals that Dr. Petroz, the Nestor of homœopathy in Paris, has recently received promotion in the order of the Legion of Honour. Although several of the homœopathic practitioners of France are Chevaliers of this order, this is the first case where the distinction of promotion has been conferred on a homœopath.

Homœopathic Treatment of the Emperor of Austria. 493

Revival of the Persecution of Homœopathic Practitioners in Germany.

We read in the *Magdeburg Zeitung* of the 5th of April last the following communication from Frankfort on the Main.

“The Homœopathic physician, Dr. Kallenbach, was this day officially expelled from this town in consequence of the Sanitary Board laying a complaint against him on account of his large practice. He has removed to Bockenheim in Electoral Hesse: Kallenbach was body-physician to the late Elector of Hesse.”

If this newspaper paragraph contains authentic information, we can only designate the conduct of the authorities of Frankfort as disgraceful to the citizens of a free town, and the reason assigned for their tyrannical behaviour towards an esteemed colleague, viz. because his practice was so large, is an aggravation of their offence against justice and right feeling.

Alleged Homœopathic Treatment of the Emperor of Austria.

This important intelligence was conveyed to us in an extract of a letter written by Professor Lindner to the lady of a German gentleman connected with our court, and well known for his devotion to Homœopathy. We think the best plan will be to present our readers with this extract from Professor Lindner's letter, which though not intended for the public eye, explains graphically enough the course that led to the homœopathic treatment of the Emperor, and the successful result of that treatment. The letter is dated Leipzig, the 26th of March, 1853, and the part that more immediately concerns us, runs as follows :—

“Now I must impart to you both a history, whence you may plainly perceive that you two are the cause of the complete restoration to health of the Emperor of Austria. I have been laid up for three or four weeks with severe influenza, but am now quite well again. Whilst I was ill, the news came that things were going on ill with the Emperor. The medical councillor Dr. Schubert said to me: ‘If the allopaths would but employ Arnica externally and internally (but that they will not do), they would be able to restore the Emperor completely.’ I told him how you had cured your husband, when he had, from a fall, got just such a concussion of his brain, solely by the external and internal use of Arnica. When Dr. Schubert left me, I anxiously reflected by what means I could inform the Emperor of this directly or indirectly. The next day I sent for the Austrian consul, and told him what had occurred to you and what my physician had said. He (the consul) said: ‘I shall write immediately to his adjutant, O'Donnell, who saved his life, and tell him that it is only by the employment of Arnica that he will be able to preserve the life of the Emperor, whom he rescued from death.’ I begged the Austrian con-

sul that he would at the same time impress upon Adjutant O'Donnell the importance of calling in my friend the celebrated homœopathic physician Dr. Marenzeller. All this was done, and the Emperor has already, by the use of Arnica, been freed from the blood effused on the brain, and, by the doctor's order to abstain for some time to come from driving and riding, he is for ever secured against any new effusion of blood, and restored to complete and permanent health. I am sure that you and your husband will be much interested and gratified by this event."

The above details require confirmation, but we should be by no means surprised to find that they are perfectly correct, for we know the high position homœopathy occupies in the Austrian states, and further, that it is patronized by several of the members of the Imperial family. The ordinary body physician of the Emperor's uncle, the Archduke John, late Vice-Regent of Germany, is a homœopathist. The family of the veteran statesman Metternich have long been homœopaths, and the Emperor owes the life of his most distinguished Field-Marshal, the grim governor of Lombardy, Count Radetzky, to the homœopathic treatment of Dr. Hartung, (for an account of whose cure see this Journal, Vol. i, p. 147,) so that it could not be wondered at that the Emperor, with such powerful advocates of homœopathy about him, and such evidences to its services among his own relations and courtiers, should have sent for the oldest and most respected of the Vienna homœopathists when he found himself not improving under the allopathic treatment. It will be remembered that for some time after the attempted assassination the bulletins issued were of a very unsatisfactory character, and reports published in the newspapers day after day presaged direful results, such as partial paralysis, loss of vision and even insanity as the probable consequences of the blow, when all at once the bulletins grew very favourable, and the Emperor was stated to be going about in public as usual. These circumstances serve to corroborate the narrative of Professor Lindner, as the sudden change in character of the bulletins seems to indicate some total change in the medical treatment, which up to that time had apparently been quite inefficacious.

The Homœopathic Congress.

The next meeting of this body takes place at Manchester upon the 4th and 5th of August, when a large attendance of homœopathic practitioners is expected to congregate. It is expected that Professor Henderson will give the opening address; but no doubt the local secretaries will issue circulars giving fuller details in the course of the present month.

Third Annual Report of the London Homœopathic Hospital.

Last year the Board of Management had occasion to congratulate the governors and subscribers on the highly satisfactory position of the hospital, at the termination of the second year's operations of the charity. These congratulations the present Board of Management feel themselves justified in now renewing, inasmuch as, under the blessings of a gracious Providence, the sanguine expectations last year entertained of the growing usefulness of the hospital have been fully realized, while the state of the finances of the institution affords abundant confirmation of the fact, that the conviction in the public mind in favour of homœopathy is neither slight nor unproductive of results.

Upon a comparison of the income of the hospital in 1852-3 with that of the previous year, there appears a diminution in the contributions received; but it is to be borne in mind, that the income of 1851-2 included several donations of fifty guineas each to the Reserve Fund, and that had the large amount already paid to the New Hospital Building Fund been added to the general account, the last year's income would have been considerably in excess of the united contributions of the two previous years.

The Board of Management have, moreover, to report with great satisfaction the almost daily accession of new names to the list of subscribers to the General Fund of the Hospital, and that, by a rigorous adherence to that system of sound economy pursued in the two previous years, there is at present an available balance belonging to the General and Reserve Fund of £866 : 9 : 6. It is, however, to be observed, that no portion of this balance belongs to the Building Fund, which has been placed under a separate management and trust.

The governors and subscribers will be gratified in learning that the total expenditure of the hospital during the twelve months ended the 31st March last, is under that of the previous year. Concurrently with this diminution of expenditure, there has been an increase of thirty-nine on the number of in-patients treated during 1852-3 compared with 1851-2, notwithstanding that the Board of Management, under the advice of the Medical Council, had greatly reduced the number of the beds, with the object of adding to the comfort and contributing to the speedier recovery of the patients, by giving to each inmate more air and room in the small and confined wards of the present hospital.

The evident advantages to the sick and convalescent arising from the sanitary and other arrangements recently adopted in some allopathic hospitals, where a space of 1800 cubic feet is assigned to each patient, and the manifest incapacity of the present premises, led the Medical Council and the Board of Management to make this diminution in the

number of the beds, preparatory to the erection or purchase of a building better adapted to the wants of the inmates ; and it will be observed, on a reference to the following summary of results, that the efficiency of the hospital, both as regards the number admitted and the cures effected, has been greatly increased during the last year.

The following comparative summary exhibits the results obtained amongst the in-patients during the three years of 1850-1, 1851-2, and 1852-3.

	1852-3.	1851-2.	1850-1.	Total
In-patients received	251	212	156	585
	per ct.	per ct.	per ct.	
" cured or convalescent ..	186 or 74·1	127 or 59·9	97 or 62·17	410
" relieved	31 or 12·3	55 or 25·9	29 or 18·5	115
" died	6 or 2·3	7 or 3·3	6 or 3·8	19
Dismissed for irregularity	3	6	3	12
" unaltered	9	3	1	13
Under treatment at end of year....	16	14	20	16

In the out-patients' department there has been also a considerable increase in the numbers received, with an equally satisfactory exhibition of results, as will appear from the following statement :

	1852-3	1851-2.	1850-51.	Total
Out-patients	3428	3008	1547	7235
" cured or convalescent ..	1453	682	554	2689
" relieved	970	1437	407	2814
" died	6	2	3	11
" result unknown	425	465	188	1078
" dismissed unaltered	13	14	13	40
" admitted as in-patients..	22	16	25	63
Under treatment on the 31st March	540	392	357	540

It thus appears that the total number of patients treated during the three years' operations of this charity amounts to 7820 ; of which 585 have been in, and 7235 out-patients.

At the Special General Meeting, held at Willis's Rooms, on the 15th of February last, the governors and subscribers were informed that, with the view of extending the beneficent operations of the charity, a City Branch for Out-patients had been opened, at the beginning of the present year, at 58 Aldersgate Street, formerly known as the Aldersgate Street School of Medicine. How readily the sick poor have availed themselves of the increased facility thus afforded them by the opening of the City Dispensary, is apparent from the comparatively large and rapidly-increasing numbers who have sought relief during the short period it has been open.

The thanks of the governors and subscribers are again due to Mr. Headland, who has kindly extended to the City Dispensary the free grant of medicines he has been in the habit of making to the Hospital in Golden Square.

At the special meeting above mentioned, the Board of Management were empowered to take immediate steps for the formation of a Building Fund, for the purpose of erecting or purchasing premises better adapted for the increasing exigencies of the hospital.

A full account of the proceedings of the meeting of the 15th February last will be issued with this report, and it now only remains for the Board of Management to record their grateful acknowledgments for those remarkable instances of liberality whereby, in the short period which has since elapsed a sum amounting to upwards of £8000 has been spontaneously contributed to the Fund then established.

Expectations may now be confidently entertained of the early foundation of an efficient and well-appointed Homœopathic Hospital in the metropolis, which, from the number of its beds, shall in due time entitle it to rank with other medical charities, having well-organized schools of medicine attached to them.

The present movement owes its success to the very liberal and spirited contributions of the professional and non-professional supporters of the present hospital, but more especially to those of its early and devoted friends, Mr. Culling Smith, Dr. Quin, Mr. Rosher, Mr. and Mrs. Barton, whose donations, conjointly with the gifts of Dr. Quin's friends, the respective donors of the two sums of £1000 each, and of £800, and £100, constitute a sum of £3120.

Her Royal Highness (the Duchess of Cambridge), the Patroness of the hospital, has, through the Chairman, Mr. Culling Smith, taken an early opportunity of testifying her warm interest in the movement, by a contribution to the New Hospital Building Fund; while Her Royal Highness the Princess Mary of Cambridge, in her capacity of Patroness to the Ladies' Subscription Society, has, in the kind and generous spirit of her House, contributed her share to the last year's successful proceedings of the Ladies' Committee, in a manner which enhances the value of her donation.

The governors and subscribers will learn with much satisfaction that, through the untiring energy of the Ladies' Committee, the previous year's contribution of the Ladies' Subscription Society to the funds of the hospital has been exceeded, and that no less a sum than £158 : 12 : 5 has been obtained by the simple but effective agency of the Society during the last twelve months.

In concluding this Report, the Board of Management beg to express their deep conviction that the progress which it has been their pleasing duty to record, is but an earnest of that success which may be looked for by a faithful adherence to that sound and moderate policy which, under the blessing of God, has placed the London Homœopathic Hospital in the high position it at present occupies.

CASES TREATED AT THE LONDON HOMCEOPATHIC HOSPITAL.*From April 1, 1852, to March 31, 1853.*

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	Total of Patients treated.	Total No. of In-patients	IN-PATIENTS.	OUT-PATIENTS.
<i>I.—Sporadic diseases of the integumentary system.</i>				
Skin Disease	21			
Urticaria	7			
Eczema	11	3		
Herpes	20			
" Circinnatus	10			
" Zoster	1	1		
Crustea Lactea	7			
Rupia	1	1		
Erythema	4			
" Nodosum	4	3		
Impetigo	14	1		
Lepra	7			
Acne	16			
Prurigo	4			
Psoriasis	44			
Pityriasis	11	1		
Paronychia	10			
Intertrigo	5			
Pemphigus	1			
Rhagades	1			
Alopecia	3			
Lupus	1			
Inverted Toe-nail	1			
Nævus	1			
Abnormal Perspiration	1			
<i>Class 3.—DISEASES FROM EXTERNAL CAUSES.</i>				
Accidents	29	3		
Injury to Globe of Eye	1	1		
Sprain	7	1		
Burn	4	2		
Fornio	3			
Decubitus	4	1		
Sugillation	3			
Fracture	2	2		
Irritable Stump	1			
Mercurial Disease	5	1		
Disease unspecified	38		38	3
			30	5

Report of the Cases treated at the Hahnemann Hospital during the year ending March 16th, 1853, by Dr. L. Süss
HAHNEMANN, House Surgeon.

IN-PATIENTS.					Cured.	Improved.	Unaltered.	Entered for examination.	Died.	Under treatment.	Total.
Albuminuria	..	..								1	1
Amblyopia	..	..			1						1
Anasarca and Ascites	..	..			1						1
Angioleucitis	..	..			3						3
Anthrax	..	..	..	..	2					1	3
Abscess	..	..	..		4					3	7
Bronchitis	..	..	..	..	21	4				1	26
Bubo	..	..	..	..	1	1				1	3
Burn	..	..	..	..	2						2
Caries	..	..	..	..	2	3					5
Colica pictonum	..	..	..		1					1	1
Constipation	..	..	..			2					2
Chlorosis	..	..	..	..		4					4
Coxalgia	..	..	..			1					3
Crusta lactea	..	..	..	..	2						6
Cynanche tonsillaris	..	..	..	..	6						5
Cystitis	..	..	..	..	4	1					1
Chorea	..	..	..	..		1					2
Diabetes	..	..	..	..		2					3
Debility	..	..	..	..	2	1					1
Deafness	..	..	..	..				1			1
Dysentery	..	..	..	..	1					1	3
Eczema	..	..	..	..		2					13
Erysipelas	..	..	..	..	12	1				1	9
External injury	..	..	..	..	7				1		1
Exostosis	..	..	..	..		1				1	7
Enteritis	..	..	..	..	5	1					1
English Cholera	..	..	..	..	1						2
Epilepsy	..	..	..	..	1	1					7
Fever, simple	..	..	..	..	7						1
Fistula urinae	..	..	..	..		1				2	11
Gastritis	..	..	..	..	9						1
Gout	..	..	..	..		1					1
Gonorrhœa	..	..	..	..	1						5
Gastro-Enteritis	..	..	..	..	4	1					1
Heart, disease of	..	..	..	..		1				1	5
Hysteria	..	..	..	..	1	3					3
Hæmoptysis	..	..	..	..	3						1
Hydrocele	..	..	..	..	1					1	2
Hepatitis	..	..	..	..		1				1	1
Herpes	..	..	..	..	1						1
Icterus	..	..	..	..	2						2
Intermittent fever	..	..	..	..			
Carried forward	..	..	..	..	108	34		1	1	16	160

IN-PATIENTS.				Cured.	Improved.	Unaltered.	Entered for examination.	Died.	Under treatment.	Total.
Brought forward ..				108	34		1	1	16	160
Laryngitis	..	..		2						2
Lumbago	..	..	..	2					1	3
Myelitis	..	..	..				
Mercurialism	..	..	..	1	1					2
Metritis	..	..	..	1	5					6
Ophthalmia	..	..	..	12	6	1			4	23
Otorrhœa	..	..	..	1						1
Phthisis	..	..	..		2		1	3		6
Pneumonia	..	..	..	7	1				1	9
Phlegmon	..	..	..	5						5
Panaris	..	..	..	5	1					6
Psoas abscess	..	..	..	1						1
Prolapsus ani		..	..	1						1
Phimosis	..	..	..	2						2
Pleuritis	..	..	..	1						1
Peritonitis	..	..	..	1						2
Palpitation of heart	..	..	..					1		1
Polypus nasi	..	..	..		1				1	2
Paralysis, threatened		..	..	1					1	1
Paralysis of left side of face				1						1
Prurigo	..	..	..	1						1
Pleurodynia	..	..	..	1						1
Rheumatism		..	..	36	2				1	39
Retention of urine		..	..				1			1
Syphilis	..	..	..	1	3				2	6
Stricture of rectum		..	..			1				1
Stomatitis	..	..	..	1	1					2
Scarlatina	..	..	..	7				1		8
Scrofula	..	..	..	2	1				3	6
Tumor albus	..	..	..	1	4				1	6
Tumor, encysted	..	..	..	1	1					2
Tumor, ovarian	..	..	..		1					1
Typhus	..	..	..	12				1		13
Tic douloureux	..	..	..	2						2
Ulcers	..	..	..	9	6				3	18
Ulceration of womb		..	..	2						2
Ulcers on cornea	..	..	..	2						2
Vaginitis	..	..	..	1						1
Variola	..	..	..	7						7
Varicella	..	..	..	3						3
				241	70	2	3	7	34	357
Left under treatment last year							..	..		25
Total							..	..		332

OUT-PATIENTS.	Cured.	Improved.	Unaltered.	Result unknown.	Under treatment.	Died.	Made in-patients.	Total.
Acne	2	3		1	1			7
Ascarides	44	20	1	6	14			85
Abscess	19	3	2	5	3		5	37
Amaurosis		3	5	9	3			20
Atrophy	1	1		2		3		7
Asthma	10	33		23	20		1	87
Amblyopia			1	1	2			4
Amenorrhœa	10	17	2	13	8			50
Anthrax	3			1			1	5
Anaemia		2		1	2			5
Ascites	2	3		2	3			10
Aphonia	1	1		1	2			5
Alopecia	3	2		3				8
Albuminuria		1		3				4
Anasarca		2						2
Bronchocele		3		4	1			8
Bronchitis	84	82	2	67	49	1	10	295
Bubo	3	2		3	1		1	10
Boils	19	3		5	8			35
Blepharophthalmia	2	6		2	3			13
Burn	3						1	4
Breast, inflammation of					1			1
Bladder, tenesmus of				1				1
Cardialgia				1	3			4
Cephalalgia	67	44	3	48	21			183
Crusta lactea	6	2		1	3		1	13
Catarrh	74	78	1	46	29			228
Cynanche tonsillaris	33	5		8	5		2	50
Cancer of lower jaw			1					1
Constipation	6	5		9	5			25
Chlorosis	4	11		1	5			21
Coxalgia	2	8		8	2		1	21
Convulsions	6	1		2	1	1		11
Cold	21	13	1	20	10			65
Cerebral congestion	3	1		3				7
Corneitis					4			4
Cornea, ulceration of	1	2		2	1			6
Cornea, spec on		2			1			3
Cornea, opacity of.. .. .	2	3		1				6
Cystitis	7	5		8	3		2	25
Critical period	2	11		14	4			31
Cotitis	1							1
Concussion of brain and paralysis					1			1
Coryza	2	5		1				8
Caries	3	5	1	2	2	1	2	16
Chilblain	1			1				2
Colic, flatulent	2	3		3	3			11
Cataract		3	3	2	3			11
Colica pictonum				1	1			2
Carried forward ..	449	394	23	335	288	6	27	1462

OUT-PATIENTS.	Cured.	Improved.	Unaltered.	Result unknown.	Under treatment.	Died.	Made In-patient.	Total.
Brought forward ..	449	394	23	335	228	6	27	1462
Cough	44	14	2	19	16			95
Cachexia	3	2						5
Calculus renalis		1						1
Conjunctivitis	2	2		1	1			6
Croup	1							1
Cramps	1			1				2
Contraction of tendons ..			1	1	1			3
Chorea		3	2	1	1			7
Carcinoma uteri		3	1	1				5
Cornea, prominent				1				1
Dyspnoea	2	2		5				9
Dyspepsia	108	71	4	49	19			251
Deafness	7	19	4	17	14			61
Diarrhoea	68	18		30	14			130
Debility	4	13	1	12	8		1	39
Dysmenorrhoea	12	15	3	12	4			46
Dentition	24	11		17	4			56
Dropsy, general		3	2	5	1			11
Drunkenness, sequelae of ..	1	3		4				8
Delirium tremens				1				1
Dysentery	3	6		4	2			15
Dysuria	1	1	1					3
Epistaxis	5			2	1			8
Ephelis				2				2
Epilepsy		11	2	19	17		2	51
Eczema	20	9		17	4		1	51
Enteritis	7	3		3	3		6	22
Erysipelas	15	7		8	2		7	39
Eruption, pustular	8	13	1	6	6			34
Excoriation	1							1
Erythema	3			1				4
Exostosis				1				1
Ectropium	1			1				2
Ecthyma		2		3				5
Enuresis		2			1			3
Enteralgia				2	2			4
Fever, simple	3			2	1		2	8
Fistula, vesico-vaginalis ..				1				1
Fistula in ano				2	2			4
Fistula in perinaeo				1				1
Fistula lachrymalis				1				1
Fistula in the ancles		2						2
Fright, effects of		2		1	1			4
Fits		3	1	5	3			12
Gastrodynia		1		1				2
Gonorrhoea	5	9	3	12	7		1	37
Gout, rheumatic	5	9		3	1			18
Gastritis	21	11		13	3		7	55
Gastralgia	10	1	1	5	6			23
Carried forward ..	834	666	52	628	373	6	54	2613

OUT-PATIENTS.	Cured.	Improved.	Unaltered.	Result unknown.	Under treatment.	Died.	Made In-patient.	Total.
Brought forward ..	834	666	52	628	373	6	54	2613
Gastro-Enteritis ..	3	1						4
Gingivitis	4	2		3	1			10
Glandular affection ..	6	4		3	5			18
Hooping-cough	57	5		19	8			89
Heart, disease of ..		4		8	3		1	16
Hernia umbilicalis ..		1		1				2
Hernia inguinalis ..		2		6				8
Hernia cruralis			1					1
Hysteria		8		8	2		1	19
Hydrocephalus, threatened ..	2							2
Hydrocephalus		1	2	3		1		7
Hæmoptysis	13	9		7	3			32
Hæmorrhoids	11	12	1	9	3			36
Hemiplegia		3	1	3	2			9
Hepatitis	8	11	1	5	2			27
Hypochondriasis	2	2	1	3	2			10
Herpes	8	6		5	3		1	23
Hordeolum	2			1				3
Hypertrophy of heart ..		1		1	2			4
Hæmatemesis	2			1	1			4
Hydrocele	1	1			1		1	4
Hemicrania	2	3						5
Hæmaturia	1			1				2
Herpes zoster	3							3
Induration of cellular tissue of cheek		2						2
Induration of mammæ ..	1							1
Intermittent fever ..				2	1			3
Intermittent fever, sequelæ of					1			1
Impediment of speech		1						1
Intertrigo		1		1				2
Injury, external	37	17		7	5		3	67
Impetigo		3		1				4
Idiocy				2				2
Indigestion	21	39	1	37	17			115
In-kneed				3				3
Incontinence of urine ..		2			1			3
Influenza	17	4		2				23
Icterus	3	2		1			1	7
Knee joint, disease of	2	4	2	5	1			14
Lithiasis				1	1			2
Laryngitis	5	4		5	4		1	19
Leucorrhœa	14	11		11	10			46
Lumbago	15	4	2	6				27
Lupus			1	3	1			5
Labia, inflammation of	1							1
Lepra	1	1		4	3			9
Lentigo				1				1
Lichen	1	1						2
Carried forward ..	1077	838	65	807	456	7	61	3311

OUT-PATIENTS.	Cured.	Improved.	Unaltered.	Result unknown.	Under treatment.	Died.	Made In-patient.	Total.
Brought forward ..	1077	838	65	807	456	7	61	3311
Lumbrici		2			2			4
Lactation	1				1			2
Measles	4							4
Measles, effects of ..	4	3		4	1			12
Mercurial sufferings ..		5		5			1	11
Mammæ, excoriation of	1							1
Metritis	22	37		25	11			95
Mollities ossium				1				1
Menosposia	1	5		3	4			13
Menses, suppressed ..	2	1			1			4
Metrorrhagia	17	3		14	3			37
Melancholia	2	2	1	2	2			9
Marasmus				1	2			3
Monomania			1	3	1			5
Mania			1	1	1			3
Mentagra				1				1
Naevus					2			2
Nausea	2				1			3
Necrosis		1		1				2
Neuralgia	9	6	1	5	3			24
Nephritis	8	9		7	4			28
Nursing, weakness from	3	1		1	3			8
Nipples, soreness of ..	2			1				3
Nose, excoriation of ..		2						2
Neck, stiffness of ..	1							1
Nervousness	1	2			3			6
Notalgia	1							1
Otitis				2	1			3
Orchitis	1	1		1				3
Onanism, effects of ..	3	1	1	1	1			7
Ophthalmia	42	29	2	17	13		13	166
Otorrhœa	11	3		9	4			27
Odontalgia	6	2		4	1			13
Ovarian disease		1	2	4	3			10
Otalgia		1		1				2
Onyxia				1	1			2
Pneumonia	1			4			4	9
Phthisis		65	10	73	18	6	2	174
Prurigo	6	5		9	3			23
Palpitations of heart ..	7	14	1	6	6			34
Pleurodynia	8	9		9	4		1	31
Psoriasis	2	5	1	7	2			17
Pleuritis	2				4			6
Podagra	2	1						3
Prolapsus uteri		3		7	1			11
Prolapsus ani	2	3	1	1	1			8
Psora	14	9		10	7			40
Pollutions				2	1			3
Phlegmon	3	1		1			2	7
Carried forward ..	1268	1070	87	1051	572	13	84	4145

OUT-PATIENTS.	Cured.	Improved.	Unaltered.	Result unknown.	Under treatment.	Died.	Made In-patient.	Total.
Brought forward ..	1268	1070	87	1051	572	13	84	4145
Paralysis, threatened .	1							1
Paralysis		13	3	15	14		1	46
Panaris	9	1		3	1		3	17
Porrigo	6	12		2	7			27
Palbebritis	2	1		1	1			5
Psoas abscess	1							1
Pneumonia, sequelae of	1							1
Parotitis	6	2	1	1	1			11
Prosopalgia	4	1		1	1			7
Pericarditis		1		1				2
Pyrosis	2	1		1	1			5
Polypus nasi		2					2	4
Phimosis		1						1
Purpura hæmorrhagica ..	1							1
Parulis	1							1
Prostate abscess				1				1
Periostitis	3							3
Retention of urine	1	1			1			3
Rhachitis	2	8		13	2			25
Rheumatism	80	90		43	28		15	256
Rib, fracture of	1			1				2
Rubeola	1							1
Rupia				1				1
Ringworm					6			6
Scrofula	42	54	2	22	15	1	1	137
Syphilis	4	12	1	5	7		1	30
Struma		2		2	3	1		8
Spine, affection of		5	3	6	7		1	22
Syphilis, secondary	4	7		1	5			17
Scarlatina	2			1				3
Scarlatina, effects of ..	4	2		1	2			9
Scabies	3	2	1		1			7
Sycosis		2	1	1	1			5
Sprain	6	2			4			12
Scorbutus				3				3
Stomatitis	2	1					1	4
Spasm	1	1		1	1			4
Scirrhus of breast				2	3			5
Swelling of feet		1		3	2			6
Stricture of rectum				1			1	2
Sciatica	2	1		1				4
Staphyloma				1				1
Splenitis					2			2
Spasmodic affection of cervical muscles		1						1
Sclerotitis		1						1
Throat, ulcerated					1			1
Tabes meseraica			1	2	1	2		6
Tic douloureux	12	4		3	6			25
Carried forward ..	1472	1302	100	1191	696	17	110	4888

OUT-PATIENTS.				Cured.	Improved.	Unaltered.	Result unknown.	Under treatment.	Died.	Made In-patient.	Total.
				1472	1302	100	1191	696	17	110	4888
Tinea capitis	..			21	16	1	12	9			59
Tumor in mamma		..			2		2	1			5
Tumor, encysted	..			4	13		5				22
Taenia lata	..	..		1		1					2
Tracheitis	..	..		1							1
Typhus	..	..								5	5
Typhus, sequelae of	..			1	2		1	3			7
Tumor albus	..	..			1		1	2		1	5
Tongue, enlargement and induration of	..							1			1
Ulcers	..	..		20	13	3	18	8		4	66
Urticaria	..	..		4							4
Vertigo	..	..		8	13	1	3	7			32
Varicose veins	..	..		5	4		5	2			16
Vomiting	..	..		2	1						3
Vision, imperfect	..			1				1			2
Variola	..	..		1						1	2
Varicella	..	..		5			1			1	7
Variola, sequelae of	..				1						1
Vaginitis	..	..						2			2
Womb, disease of	..			1	4	1	3	3			12
Warts	..	..		1			1				2
				1548	1372	107	1243	735	17	122	5144
No account rendered				..		..		..		..	305
Total										..	5449
Deduct Out-patients left under treatment last year										..	1213
Total										..	4236

Comparative Table of Patients treated during the last two years.

<i>In-Patients treated during the year</i>		<i>Out-Patients treated during the year</i>	
<i>Ending March 16, 1852</i>	<i>Ending March 16, 1853</i>	<i>Ending March 16, 1852</i>	<i>Ending March 16, 1853</i>
<i>254, of whom have been discharged—</i>	<i>332, of whom have been discharged—</i>	<i>4010, of whom have been discharged—</i>	<i>4236, of whom have been discharged—</i>
Cured 126	Cured 239	Cured 1146	Cured 1548
Improved 89	Improved 72	Improved 1066	Improved 1370
<hr/>	<hr/>	<hr/>	<hr/>
Total .. 215	Total .. 311	Total.. 2213	Total .. 2918
Unaltered 8	Unaltered 2	Unaltered 50	Unaltered ... 107
Entered for examination .. 5	Entered for examination .. 3	Result unknown 931	Result unknown 1243
Under treatment 25	Under treatment 34	Under treatment 1213	Under treatment 735
Died 15	Died 7	Died 13	Died 17
<hr/>	<hr/>	<hr/>	<hr/>
Total .. 268	Total .. 357	Made in-patients 44	Made in-patients 124
Deduct patients left under treatment last year..... 14	Deduct patients left under treatment last year..... 24	No account rendered 75	No account rendered 305
<hr/>	<hr/>	<hr/>	<hr/>
Total .. 254	Total .. 332	Total .. 4539	Total .. 5449
		Deduct patients left under treatment last year..... 529	Deduct patients left under treatment last year..... 1213
		<hr/>	<hr/>
		Total .. 4010	Total .. 4

*Proceedings of the Homœopathic Medical Society of the State of
New York, 1852-53.*

(This important Society numbers 153 Members, and we have no doubt that the Resolutions of this energetic body will be read with much interest.)

Semi-Annual Meeting.—Syracuse, Tuesday, June 1, 1852.

IN accordance with a resolution passed at the previous meeting, the society meet at the rooms of the Franklin Institute, in the city of Syracuse, on the day above mentioned.

A considerable number of members being in attendance, the meeting was called to order at half-past 10 o'clock, the President, Dr. Lyman Clary, in the chair.

After the calling of the roll, the Secretary read the minutes of the annual meeting, which were approved.

The society then proceeded to the election of members, when about fifty physicians, duly nominated, were chosen.

It was announced that the amended constitution having been correctly engrossed, in a book provided for the purpose, was now ready for the signatures of the members, whereupon the members present, including those newly elected, proceeded to sign the same.

These proceedings having occupied a considerable time, it was on motion resolved to take a recess till half-past 2 o'clock, P. M.

AFTERNOON SESSION.—The society having reassembled, reports of committees were called for.

The Secretary reported verbally, that having been directed by a previous meeting, to collect and arrange certain statistical information in reference to the state and progress of Homœopathy in this state, he had made some efforts to comply with the instructions of the society, but that he had not yet received sufficient answers to his inquiries to enable him to present a satisfactory report. If expedient to continue the investigation, he requested that a longer time should be allowed.

The report having been accepted, it was resolved that the Secretary be desired to continue his inquiries, and to report at the annual meeting.

The committee appointed to prepare and circulate an address to the Homœopathic physicians of this state, urging upon them the duty and importance of sustaining the state organization, reported that

they had complied with the instructions of the society, and had sent a copy of an address prepared by them to every Homœopathic physician of good standing, whose name and residence they could ascertain.

The Bureau of Materia Medica, through their chairman, Dr. F. Humphreys, of Utica, made a preliminary report, which was read, accepted, and ordered to be printed.

The following resolution was appended to the above report.

Resolved, That each member of the society be requested to make a proving of at least one drug upon himself during the present year, and to report such proving to the bureau on or before the 1st day of January next.

The question being on the passage of the resolution, an interesting and somewhat protracted discussion arose, in which several members participated, after which the resolution was adopted.

Dr. J. W. Metcalf, read a communication on the method of preparing the juices of plants for medicinal purposes.

On motion, this communication was ordered to be published.

Dr. E. T. Richardson, exhibited a very complete and interesting specimen of the false membrane of croup, which was thrown off in a case successfully treated by *Lachesis*.

Dr. E. A. Munger, of Waterville, communicated the details of some cases exhibiting the successful use of *Apis mellifica*, which was ordered to be printed.

Dr. Weeks, by request, reported verbally the particulars of an interesting case of *Erysipelas faciei*, successfully treated by *Apis mellifica*.

Dr. Barber related a case of *Ascites* in a parturient female complicated with anasarca, hydrothorax, lochial suppression, &c., in which *Apis mel.* was administered without benefit, but which was subsequently cured by *Arsen.* and *Asparag.*

The following resolution was offered by Dr. Humphreys.

Resolved, That each member of the society be requested to report in writing, at the annual meeting, at least one case cured in his practice by a single remedy.

This resolution was adopted, and the Secretary was directed to send a copy of it, and also of the resolution annexed to the report of the Bureau of Materia Medica, to each member, with the notice of the annual meeting.

Report of the Cases treated at the Hahnemann Hospital during the year ending March 16th, 1853, by Dr. L. Süß
HAHNEMANN, House Surgeon.

IN-PATIENTS.	Cured.	Improved.	Unaltered.	Entered for examination.	Died.	Under treatment.	Total.
Albuminuria						1	1
Amblyopia	1						1
Anasarca and Ascites	1						1
Angioleucitis	3						3
Anthrax	2					1	3
Abscess	4					3	7
Bronchitis	21	4				1	26
Bubo	1	1				1	3
Burn	2						2
Caries	2	3					5
Colica pictonum	1						1
Constipation						1	1
Chlorosis		2					2
Coxalgia		4					4
Crusta lactea		1					1
Cynanche tonsillaris	2						2
Cystitis	6						6
Chorea	4	1					5
Diabetes		1					1
Debility		2					2
Deafness	2	1		1			3
Dysentery	1						1
Eczema		2				1	3
Erysipelas	12	1					13
External injury	7				1	1	9
Exostosis		1					1
Enteritis	5	1				1	7
English Cholera	1						1
Epilepsy	1	1					2
Fever, simple	7						7
Fistula urinae		1					1
Gastritis	9					2	11
Gout		1					1
Gonorrhœa	1						1
Gastro-Enteritis	4	1					5
Heart, disease of		1					1
Hysteria	1	3				1	5
Hæmoptysis	3						3
Hydrocele	1						1
Hepatitis		1				1	2
Herpes						1	1
Icterus	1						1
Intermittent fever	2						2
Carried forward ..	108	34		1	1	16	160

IN-PATIENTS.					Cured.	Improved.	Unaltered.	Entered for examination.	Died.	Under treatment.	Total.
Brought forward ..					108	34		1	1	16	160
Laryngitis	..	..			2						2
Lumbago	..	..	..		2					1	3
Myelitis	..	..	..					
Mercurialism	..	..	..		1	1					2
Metritis	..	..	..		1	5					6
Ophthalmia	..	..	..		12	6	1			4	23
Otorrhœa	..	..	..		1						1
Phthisis	..	..	..			2		1	3		6
Pneumonia	..	..	..		7	1				1	9
Phlegmon	..	..	..		5						5
Panaris	..	..	..		5	1					6
Psoas abscess	..	..	..		1						1
Prolapsus ani		..	..		1						1
Phimosis	..	..	..		2						2
Pleuritis	..	..	..		1						1
Peritonitis	..	..	..		1						2
Palpitation of heart	..	..	..						1		1
Polypus nasi	..	..	..			1				1	2
Paralysis, threatened		..	..		1					1	1
Paralysis of left side of face					1						1
Prurigo	..	..	..		1						1
Pleurodynia	..	..	..		1						1
Rheumatism	..	..	..		36	2				1	39
Retention of urine		..	..					1			1
Syphilis	..	..	..		1	3				2	6
Stricture of rectum		..	..				1				1
Stomatitis	..	..	..		1	1					2
Scarlatina	..	..	..		7				1		8
Scrofula	..	..	..		2	1				3	6
Tumor albus	..	..	..		1	4				1	6
Tumor, encysted	..	..	..		1	1					2
Tumor, ovarian	..	..	..			1					1
Typhus	..	..	..		12				1		13
Tic douloureux	..	..	..		2						2
Ulcers	..	..	..		9	6				3	18
Ulceration of womb		..	..		2						2
Ulcers on cornea	..	..	..		2						2
Vaginitis	..	..	..		1						1
Variola	..	..	..		7						7
Varicella	..	..	..		3						3
					241	70	2	3	7	34	357
Left under treatment last year								..		..	25
Total								..		..	332

ance with the resolution referred to, viz : Dr. Humphreys, Dr. Metcalf, Dr. Guy, Dr. L. B. Wells, Dr. Weeks, Dr. H. D. Paine, Dr. A. C. Hull, and Dr. Boyce.

These reports having been read, it was moved and carried that they be referred to the Bureau of Materia Medica.

Dr. Metcalf then read, for the information of the society, an account of the effort now making to establish a Homœopathic Hospital in the city of New York.

The society then took a recess.

AFTERNOON SESSION, half-past 3 P. M.—Upon reassembling the regular order of business was resumed, and reports from committees were called for.

The Bureau of Materia Medica presented the following report.

The Bureau for the augmentation and improvement of the Materia Medica beg leave to report.

They regret that the labors of the past year do not enable them to report a more substantial addition to our common store house of means, than they are able to present. They also regret, that notwithstanding the discussions and resolutions adopted at the semi-annual meeting of the society, declaring it the duty of every physician of the school, to make at least one proving of a drug upon himself in the course of the year, yet they have received little or no aid from members of the society, other than of the Bureau. True, they have received many promises, but as yet the harvest has been only in promise. But there is hope even in these, and we will gratefully accept it, if the fruit shall be of a more substantial character during the coming year.

Of the members of the Bureau, Dr. Metcalf has instituted several important provings of the URANIUM, also several experiments with the UREA, and some other drugs, but all as yet in too imperfect a state to demand the attention of the society.

Dr. Humphreys has continued his experiments with the poison of the APIS MELLIFICA, and would have reported the pathogenesis of that drug in full, but that our worthy colleague, Dr. Hering, of Philadelphia, has completed and published in Europe, his *Amerikanische Arzneiprüfungen*, a most elaborate proving of that valuable remedy, and it would be quite unwise to present a report without enriching it from his extensive and valuable additions. Dr. H. has also instituted some provings of the PLANTAGO, which with that of the APIS he intends to present to the next meeting.

Dr. H. M. Paine has made a most valuable and extensive proving of the *CIMICIFUGA RACEMOSA* upon himself, and has also induced many others to prove it, and has by his untiring and even hazardous labors with the drug, fully illustrated the sentiment, how much he can do who wills to do. This proving will also be reported for publication at the next meeting.

In conclusion, the Bureau recommend that the two resolutions recommending the proving of drugs, and the reports of cases cured by single remedies, be continued in force, and also that the following drugs be subjects for experiment during the ensuing year.

Further experiments with the *APIS MELLIFICA*.

Proving of the *PLANTAGO*, *UREA*, *URANIUM* and *GERANIUM MACULATUM*, and further experiments with the *CIMICIFUGA RACEMOSA*. All of which is respectfully submitted.

F. HUMPHREYS, C. W. METCALF,
D. CHASE, H. M. PAINE.

Albany, Feb. 8th, 1853.

The report was accepted.

The following resolutions in accordance with the recommendations of the report, were then considered, and after some discussion, adopted.

Resolved, That each member be requested to make a proving of at least one drug upon himself, during the year, and to report the result of such proving to the Bureau of Materia Medica before the first day of January next.

Resolved, That it is recommended that further provings be made of the *Apis mellifica*, *Plantago major*, *Cimicifuga racemosa*, *Urea*, *Uranium*, *Titanic acid*, and *Geranium maculatum*.

Resolved, That each member be requested to report at each meeting, at least one case cured in his practice by a single remedy.

Dr. Guy, from the committee appointed at the last meeting to consider the subject of the proper mode of proving drugs, reported in part. On motion of Dr. Metcalf the committee were requested to continue the consideration of the subject, and to report at the next meeting.

On motion of Dr. Guy, Dr. Metcalf was added to the committee.

Dr. H. D. Paine, from the committee to consider the expediency of incorporating the society under the general law, reported that in

their opinion the law referred to was sufficient for the objects to be secured by the society, and offered the following resolution.

Resolved, That the President and Secretary be authorized and requested to procure the incorporation of the society, according to the provisions of the general Act for the incorporation of scientific societies.

The motion was carried.

The committee on the subject of a Homœopathic Medical College, being called, Dr. Humphreys, in the absence of the chairman, presented an elaborate report, concluding favorably on the proposition to take early steps for the establishment of such an institution. This report was subsequently ordered to be published, and will be found at the end of these proceedings.

The committee also reported the following resolution.

Resolved, That a committee of seven be appointed whose duty it shall be to nominate a board of trustees, procure a charter, and raise the funds for the establishment of a medical college, in the city of New York.

The question being on the passage of the above resolution, a discussion of considerable length ensued, in which Drs. Kirby, Metcalf, Guy, Perkins, Weeks, and others participated, after which the resolution was adopted.

The following constitute the committee.

Drs. Ball, Beakley, Humphreys, Childs, Metcalf, Clary and Kirby.

The Secretary reported that there was in his hands a considerable number of Dr. Metcalf's Address, and requested instructions from the society as to the manner of their disposal.

Whereupon, the following resolution was adopted.

Resolved, That those members who have not already done so, shall, upon complying with the second article of the by-laws, be entitled to twenty copies each of Dr. Metcalf's address, and that if any surplus shall still remain, they shall be distributed as the President and Secretary may deem expedient.

On motion of Dr. Kirby, one dollar was assessed upon each member to defray the expenses of the society for the current year.

The committee to audit the Treasurer's account reported that they had examined the same and found it to be correct.

The President announced that he had appointed Dr. B. F. Joslin, of New York, to deliver the Annual Address before the society, and that the use of the Assembly Chamber had been granted to the society for this evening.

The election of officers for the ensuing year being next in order, Drs. Warner and J. W. Cox were appointed tellers, and the following were duly chosen.

A. S. BALL, M.D., of New York, *President*.

N. H. WARNER, M.D., of Buffalo, *1st Vice President*.

S. S. GUY, M.D., of Brooklyn, *2nd* ,, ,,

L. B. WELLS, M.D., of Utica, *3rd* ,, ,,

H. D. PAINE, M.D., of Albany, *Secretary*.

Censors.

1st District.—S. R. Kirby, M.D., of New York; S. S. Guy, M.D., Brooklyn; G. Beakley, M.D., New York.

2nd District.—S. A. Cook, M.D., Troy; R. S. Bryan, M.D., Troy; E. D. Jones, M.D., Albany.

3rd District.—E. T. Richardson, M.D., Syracuse; J. C. Raymond, M.D., Utica; L. B. Wells, M.D., Utica.

4th District.—H. Robinson, M.D., Auburn; H. Bennett, M.D., Rochester; A. Childs, M.D., Waterloo.

The Bureau for the enlargement and improvement of the Materia Medica.

F. Humphreys, M.D., Utica, *Chairman*.

D. Chase, M.D., Palmyra

J. W. Metcalf, M.D., New York

H. M. Paine, M.D., Albany

Josiah Bowers, M.D., ,,

It was then resolved that the semi-annual meeting be held in the city of Utica, on the first Friday in June.

Dr. Beakley offered the following resolution.

Resolved, That the proceedings of this and the last meetings, together with the Constitution and By-Laws, and a list of the members of the society be printed under the direction of the Secretary and two other members to be designated by the chair.

The resolution was adopted, and Drs. Beakley and Metcalf were appointed on the committee of publication.

Dr. Guy moved that the thanks of the society are due to Dr. L. Clary, for the efficient and impartial manner in which he has filled the office of President during the past year.

The question having been put by the Vice President, was unanimously carried, when the President returned his acknowledgments in a few appropriate remarks.

The society then adjourned to meet at the Capitol, at 7 o'clock, to hear the Annual Address.

EVENING SESSION.—At the hour appointed the society met in the Assembly Chamber of the Capitol. There was also present a highly respectable audience of ladies and gentlemen, members of the legislature, &c.

Dr. B. F. Joslin, of New York, having been introduced by the President, proceeded to deliver the Annual Address.

After which Dr. Metcalf moved the thanks of the society to Dr. Joslin, for his able and lucid Address, and that a copy of the same be requested for publication, which was unanimously adopted.

It was also ordered that 1500 copies of the Address, and of the report on the Homœopathic Medical College, be printed, with the proceedings, for the use of the society.

The society then adjourned *sine die*.

HENRY D. PAINE, *Secretary*.

PATHOGENETIC AND THERAPEUTIC FRAGMENTS.

BY W. CATTELL.

In the following papers clinical symptoms are distinguished from the pure pathogenetic by being enclosed in brackets, thus [].

(Continued from page 352.)

Potassæ binoxalatum.

Kal. box.—**SYMPTOMS.**—Faint and exhausted; great depression; skin cold and clammy; pulse feeble; scalding sensation in throat and stomach; constant rigors; conjunctivæ much injected, and pupils dilated; great dimness of vision; severe vomiting. Vomiting and faintness; she falls, and utters loud cries. Extreme depression; pulse feeble, can scarcely be felt; skin cold and clammy; face and lips pale, with continual rigors over the whole body. Sensation of scalding in throat and stomach; pain in back. Convulsions and violent pains in abdomen. Great soreness of the eyes, with dimness of vision. Tendency to faint. Conjunctiva of both eyes much injected; pupils dilated, even in a strong light. *Mist. Cretæ Æther., Tr. Opii, Mist. Camph.*) Scalding sensation extended over abdomen, with tenderness on tolerably firm pressure; throbbing pain in the head, and great thirst; pulse full and quick; countenance flushed (*reaction?*). Violent pain in abdomen, and convulsions.

PATH.—Mucous membrane of stomach and small intestines inflamed. *

Potassæ tartratum.

Kal. tr.—**SYMPTOMS.**—Flatulence and griping; diarrhoea. Violent vomiting and diarrhoea; extreme weakness; he can scarcely walk. Pain in umbilical region, and great thirst; tongue brown and dry; pulse feeble; pain in loins. Thighs and legs appear as if paralysed. *Thighs and legs paralysed.* He vomits a blackish-green fluid; fæces like coffee-grounds. Emaciation. Inflammation of stomach and intestines. *Pain in the loins.*

PATH.—Stomach distended with gas, containing about ℥iij of thick brown fluid, coloured apparently with bile; several red patches near pylorus. Cardiac end very much inflamed; mucous membrane of deep red colour, as if from rupture of minute vessels; these appearances extend to duodenum. Part of small intestines, also colon, had the mucous membrane reddened, and that of the rectum was injected in small streaky patches; where there was no redness it was white. Thick brownish mucus in intestines; no fæcal matter. Mucous membrane of stomach and duodenum highly inflamed; cardiac portion of the former deep red, with some spots of black extravasation; thick brown fluid in stomach, coloured with bile. Intestinal canal more or less softened throughout; m. æt 37. (*Tyson.*)

Cichorium intybus.

Cich.—General heaviness; drowsiness; headache; sensation of weight at the stomach, and great indisposition to bodily and mental exertion. Want of energy. Bowels relaxed.

Persica vulgaris.

Pers. (*Amygdalus persica.*) (*flores*).—Body cold; features deformed; pupils dilated, large. Pulse irregular, hardly perceptible.

Ferri iodidum.

Fer. i. (*Protiodide*).—**SYMPTOMS.**—Plethora and dyspnoea; congestion of the lungs. Cephalalgia. Eczema. Lichen. [Absence of catamenia (for 7 years).] Debility. Stools black. Increased secretion of urine. Uneasiness at epigastrium. Nausea. Cephalalgia. Copious black stool. [Nausea at sight of food; loss of

* Lond. Med. Jour. 1840-1, i, 480. Guy's Hosp. Report, N.S. vol. vi, p. 192. Ann. de Hygiène. Av. 1842.

appetite; weight at epigastrium; febrile during digestion; visage pale, clayey; muscles feeble and flaccid. Phthisis (Boissiere). Cough, expectoration, and night-sweats, in phthisis. Diabetes mellitus, passes 15 quarts daily.] *

Heracleum.

Herac.—SYMPTOMS.—Vomiting and purging of large quantities of serous matter; violent pains in abdomen and stomach; *clonic* spasms of gastrocnemii and abdominal muscles; great depression of vital powers; *burning sensation in epigastrium, tortured by thirst, tendency to collapse*, and dilated pupils, without impairment of intellect, or tendency to coma. Perfect collapse; asphyxiated; visage ghastly and cadaverous; blueness of the hands. Extreme state of collapse.

Cytisus laburnum.

Lab. (*seeds, leaves, and flowers*).—CLIN.—Cholera asiatica? Anæmia, with cardiac affection? Gastro-enteritis.

SYMPTOMS, GENERAL.—Great feebleness; she can scarcely walk. She falls off in flesh and strength, and looks sickly, pale, and heavy. Chronic debility. Sudden paleness and fit of screaming, followed by insensibility, froth at the mouth, pulse feeble, livid face, and general coldness. Spasms. Exhaustion. Twitching back of the head, and falling on the side in violent tetanic convulsions, with alternate emprostotonos and opisthotonos so violent that the animal rebounds from the floor (in a rabbit). Secretion of milk increased (in goats).

FEVER.—General *coldness* of the skin. Coldness of the whole body, *Shivering*. Pulse at wrist scarcely perceptible. Pulse *weak, feeble and rapid*; or easily excited and rather frequent; or languid and frequent. Pulse very feeble.

SLEEP.—Great drowsiness, with sluggish pupils, or with great dilatation of pupils.

HEAD.—Vertigo.

FACE.—*Pale* face. Face livid. Twitches of the face, with pallor. Ghastly expression of countenance. Lips bloodless. Pupils greatly *dilated*, or sluggish. Countenance heavy, pale, and sickly. Muscular twitchings in the face.

MOUTH, &c.—Tongue pale and glazed.

* Dr. A. T. Thompson, *Lancet*, July 1843, p. 517. *Prov. Med. Surg. Jour.* Nov. 1842, p. 112.

GASTRIC.—Appetite impaired. Efforts at vomiting. *Violent vomiting*, especially after food. Nausea, with paleness. Incessant vomiting and retching for a day and night. Pain in *stomach and abdomen, increased by pressure*. Pains around abdomen. Flatulent distension of the belly. Sickness, and severe pain in stomach; vomiting of mucus.

FÆCES.—*Diarrhœa*, with tenesmus and slightly sanguinolent stools. Debilitating severe diarrhœa, with vomiting, and scarcely perceptible radial pulse. Diarrhœa which lasts profusely for some months daily, with nausea and vomiting. Stools bloody.

CHEST.—Respiration hurried and *laborious*. *Strong bellows-sound over the large vessels of heart* (anæmic?).

TRUNK.—He falls on the side. Alternating emprostotonos and opisthotonos (in a rabbit.) *

Calotropis procera.

Cal. pr.—Elephantiasis. [Lepra? Syphilitic eruptions?] (*Royle, Bot. of Hymal. Mountains.*

Æthusa cynapium.

Æthusa.—**SYMPTOMS.**—**GASTRIC.**—Thirst; total loss of appetite for every kind of aliment. Troublesome nausea, with vomiting. Pain in *pit of stomach and abdomen, followed by nausea, with or without vomiting*. Pains in epigastrium, and nausea. Excessive griping pains in the belly. He complains of cramps in his stomach, and cries with anguish. Sense of pungent heat in the stomach. Violent spasmodic efforts to vomit (in animals). Severe pain in abdomen (in two children). Abdomen swollen; vomits bloody mucus; obstinate diarrhœa; extremities cold, and body convulsed.

FACE.—Countenance wears a cold expression. Different circumscribed and painful swellings in the face, transient and flying from place to place. Oedematous swellings of the cheeks. Vision confused, sometimes objects appear double. Great pain in the eyes; eyes inflamed and bloodshot.

MOUTH, &c.—Inability to swallow; the lower jaw is fixed to the upper, so that nothing can be introduced into the mouth. Sensation of pungent heat in mouth and throat, with great difficulty in swallowing. Pains in the throat.

* Christ. Ed. Med. and Surg. Jour. ix, 316, 1843. North, Med. Phys. Jour. Guy's Hosp. Rep. 2nd, vol. ii, p. 219.

CHEST.—Breathing short and difficult.

TRUNK. — Extremities chilly ; benumbed and affected with tremors.

HEAD.—Giddiness in the head. Great pain ; oppressive headache and giddiness.

SLEEP.—Restless night. Great disposition to slumber, but calm repose is wholly prevented by frequent startings and excessive agitations.

FEVER.—Profuse, cold perspiration.

GENERAL.—While walking he is seized with such languor and listlessness as with difficulty to support himself till he gets home. Complete insensibility ; eyes staring ; pupils dilated. Cries of anguish (in a child). Whole body convulsed ; jaws spasmodically fixed ; perfectly unconscious (in a boy *æt.* 8). Extremities cold. The whole body becomes swollen and livid. Convulsions and stupor (in a dog).

PATH.—Redness of lining membrane of oesophagus and trachea, with slight vascular congestion of stomach and duodenum.*

Sinapis.

Sin.—**SYMPTOMS** —Evacuations offensive. Diarrhœa. Menstruation appears in a few hours, long before the period, in several cases. Convulsions of children from teething.] Diarrhœa. Redness of the skin. Urine increased. [Chorea.] Ulceration of stomach and intestines. Quartan ague and inflammatory fever. [Amenorrhœa and chlorosis.]

Antimonii oxidum et chloridum.

SYMPTOMS (from vapour).—Pain in the head ; lancinating pain along edge of ribs, and in back ; respiration difficult, with mucous and sibilous rattles over the chest ; difficult expectoration of tenacious mucus ; sleeplessness ; anorexia ; diarrhœa ; profuse perspiration, and general weakness ; dysuria, with a mucous discharge, causing sensation of burning in the urethra. Penis flaccid ; loss of sexual appetite ; † complete impotence ; pain in testicles ; atrophy of testicles and of penis. Pustular eruption, especially on thighs and scrotum.

* *Med. Times*, xii, p. 408, &c.

† Used with this view by agriculturists, and by the old monks ; whence its name, from *moine*. (*Lohmeier.*) *Gaz. Med. de Paris*, Sept. 1840.

Antimonium crudum.

Ant. cr.—Excessive depression and exhaustion.

PATH.—Exceedingly ex-sanguineous condition of the whole body. (*Dub. Med. Pres.* 1848.)

Antimonium chloridum.

Ant. cl.—**SYMPTOMS, GENERAL.**—Insensibility. Great or complete prostration of strength. Restlessness. Faintness; general weakness. Stupor, from which he could be aroused by questions rationally. Seems choked; features set; unable to speak for some minutes; great pain in his throat. Stupor; face pale, collapsed; eyes sunk; pupils dilated and inactive; skin cold; mouth full of tenacious, transparent mucus. (a. 2 h.)

SKIN.—*Cold* skin. Skin cold and clammy.

GASTRIC.—Nausea and vomiting. Incessant vomiting. Vomiting for two hours, followed by prostration. Severe burning pain in stomach. Burning pain in epigastrium, and tumefaction of abdomen. Tenderness of abdomen to the touch, with sensation of burning. Excruciating griping pains in abdomen; incessant efforts to vomit, and frequent abortive desire to defecate, with cold skin.

FEVER.—Surface of body *cold and clammy*. Slight feverishness. Pulse 80, small. Pulse small, accelerated, very feeble, or hard. Pulse rises to 120, with sleepiness (reaction?).

MOUTH AND THROAT.—Mouth filled with thick tenacious mucus. Severe pain in throat and fauces. Sense of burning in throat. Severe pain in throat and fauces. Tongue dry in centre. Fauces inflamed. Heat and uneasiness in mouth and throat, with pain on swallowing. Severe burning pain in throat, increased by deglutition. Bright scarlet patches in throat, with difficulty in swallowing. Numerous abrasions on mucous membrane of mouth and fauces, with slight fever.

FACE.—Features set, pale and collapsed. Eyes sunken; lustreless; pupils *inactive* and dilated.

CHEST.—Respiration very slightly apparent; heavy.

PATH.—Black as if chafed appearance from mouth to jejunum; mucous membrane destroyed, and the submucous tissue and peritoneal coat covered with flocculent matter, easily scraped off; they are soft and readily torn. (*Taylor, Med. Jour.* 210.)

Antimonii potassio-tartratum.

Ant. p-tart. (Tart. stib.)—CLINICAL.—Scurvy?

GENERAL.—*Strong, violent convulsions, and spasms. Tetanus. Speechlessness, skin as if dead; no pulse. Prostration and collapse. Constant spasmodic contraction of the muscles, particularly of upper extremities. Extreme restlessness and anxiety. Insensibility; he lies motionless; eyes open; pupils closely contracted; respiration short and laboured without stertor; mouth closed spasmodically; skin dry and warm; pulse 130, very small; heart's impulse scarcely perceptible. [Chorea for five years and a half.] Cerebral congestion. Weakness. [Dropsy of synovial membranes.] Delirium, with pleasurable expression; tremors of the hands, and picking of the bed-clothes or anything within reach. Cold, pulseless, speechless, and apparently insensible; heart's action feeble and intermittent (a. 7 h.) Thirst and burning sensation in fauces, stomach and abdomen; vomits matter tinged with blood (third day). Fauces covered with pustules, which spread themselves over the body and extremities on the two following days.**

SKIN.—*Skin perspires freely. Cold skin. Skin warm and dry. Desquamation of cuticle; unusual volubility and activity; great craftiness.*

FEVER.—*Profuse night sweats. Pulse rapid and small, quick, feeble.*

FACE.—*Cold and livid countenance; bathed in clammy sweat. Uncontrollable epistaxis, and spongy gums, as in scurvy. (Peeble.) Remarkable distortion of countenance, with spasms. Strabismus. Tetanic rigidity and spasm of the jaws. [Bilious fever, and profuse hæmoptysis.] Dark circle round the eyes.*

MOUTH AND THROAT.—*Tongue dry and red. Violent salivation. Heat and constriction in throat. Difficulty in swallowing.*

GASTRIC.—*Violent vomiting of bilious matter. Violent retching. Great thirst. Violent pain at epigastrium, and over all the abdomen, with constant spasmodic contractions of abdominal muscles. Anorexia. [Coated tongue, bitter taste in mouth, and nausea.] Violent pain in abdomen, with vomiting and purging.*

FÆCES.—*Constant involuntary stools, aqueous. Diarrhœa, profuse, watery.*

* Conf. Bernardeau Bull. Therap. xxxi, p. 311. Trans. Omen. Med. Ass. ii, p. 103. Phil. 1848-9.

CHEST.—[*Hæmoptysis.*] Respiration frequent; rapid, then slower [Frequent cough, expectorates frothy, sanguineous sputa; mucous and subcrepitant râle, and dull percussion over summit of right lung; heat in chest and dyspnœa; pulse frequent and strong.]

TRUNK.—Fingers firmly contracted, and the muscles quite rigid. Spasmodic contraction of muscles of upper extremity. [Pains in wrists, knees, and ankles. Pains in the foot, extending to the other articulations. Acute arthrodynia.]

PATHOLOGY.—(a. 111 h.) Inflammation of mucous membrane of stomach and intestinal canal; brain highly congested throughout. Arachnoid membrane too opaque. Where the gastric membrane was most inflamed, there were two or three white spots, size of a split pea, appearing under the glass as spots of commencing ulceration.* (See a case at Norfolk Assizes in 1837.)

Camphora.

Camph.—**SYMPTOMS.**—(M. æt. 39, in 20 m. a. gr. xxxv.) Giddiness and dimness of sight; falls from his chair in a kind of epileptic fit, which lasts about ten minutes; extremities cold; pulse frequent and scarcely perceptible; when roused he had scarce any power to articulate. General exhaustion and suppression of urine for three months. (M. æt. 69, a. 3ij.)—Appears drunk; burning heat in throat, mouth and stomach; throbbing in head; pains in course of spine, and ringing in ears. Dazzling light before the eyes. Sub-sultus tendinum and insensibility; profuse sweat for an hour and a half. Lightness in the head and great exhaustion. (a. 3ij.)—Great excitement; he strips himself, and tries to jump out of the window. Pulse 180, small; conjunctivæ injected; pupils dilated; respiration hurried; face pale. *Micturition* frequent and *difficult*, urine clear; he is unconscious of this afterwards. Profound sleep for some hours, and awaking weak and exhausted; he perspires greatly during the sleep. Vertigo; dimness of vision. Delirium, with pain in the stomach. (a. d. viij. Wendt of Breslau.) Burning heat of skin; pulse frequent, *full* and hard, or *soft*; eyes brilliant; face red; head heavy; anxiety; agitation. Violent sensation of heat in stomach; intense headache and giddiness; sight indistinct, with ocular hallucinations.†

* Jour. de Chem. Sept. 1847, p. 471. Med. Times x, 238. Amer. Jour. Med. Sc. May 1848. Caspar Wochensc. 1241. Ranking Abst. v, 341; xiii, 342.

† Wildburg. Jahrbuch 1837, 313, 4 h. Med. Gaz. ii, p. 772; v, p. 635.

Cinnabar.

Cinnab. (Merc. Sulph. Rub.)—SYMPTOMS.—Salivation, fever, and œdema of right arm.*

Merc. subsulphatus.

Merc.-sulph. (*Turbith.*)—Burning pain in mouth and throat; paleness and anxious countenance; surface of body cold; constant sickness; heat and sense of constriction in throat; burning pain in stomach, with cramps. Salivation, with mercurial fœtor. Gums black, and ulceration. Swelling of parotid and submaxillary glands.†

Mercurius protochloridus (dulcis).

Merc. dul.—SYMPTOMS.—Stools green, containing albumen, biliverdine and other biliary excretions. Severe salivation, the teeth separate (in a female, æt. 19. a. gr. xvij blue pill). Violent salivation, sloughing, and exfoliation (male, æt. 8, a. $\frac{2}{3}$ gr.) Ulceration of throat, and violent salivation (a. 2 gr.) Gangrene of the mouth. Swelling of right cheek; great difficulty in opening the mouth; breath very offensive; gums and inside of cheek ulcerate; sphacelus appears on right cheek, size of a shilling, and extending rapidly (a. gr. 15 in 5 doses during 9 days, æt. 4). Inflammation and ulceration of mouth and fauces (female æt. 11; a. gr. viij in 24 hours).—*Sobernheim*; also a similar case by *Leper*. †

* Br. Amer. Journal Med. Ass. 1848. † Med. Gaz. xxxiv, 474.

† Michea, L' Union Med. 1848. Med. Gaz. xviii, p. 484, and July 1838. Taylor. Med. Jurisp. 166, 177, 253.

(To be continued.)

BOOKS RECEIVED.

Homœopathic Domestic Practice, by EGBERT GUERNSEY, M.D. New York, Radde, 1853.

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Scottish Review, Nos. 1 and 2.

Philadelphia Journal of Homœopathy, Vol. I, No. 12, and Vol. II, Nos. 1, 2, 3.

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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

DR. SHARP'S ADDRESS AT THE FOURTH CONGRESS
OF HOMŒOPATHIC PRÁCTITIONERS,

Held at Manchester on the 4th and 5th August, 1858.

GENTLEMEN,—It has been well said, “There are truths which some men despise because they have not examined them, and which they will not examine because they despise them.” Homœopathy is one of these. Men of large scientific attainments, and indefatigable in adding to their store of knowledge, think it foolish because they are ignorant of its truth; and this notion of its absurdity operates as an effectual bar to their taking proper pains to become better acquainted with it.

Nevertheless, homœopathy embraces scientific and practical truth of so much value, that, were it known, it would interest alike the man of science and the man of practical utility. This truth known only as men know other truths, imperfectly, may be mixed up with numerous errors, but it is wiser to endeavour to separate what is true from what is false than to reject both.

The jealousy of power may indeed attempt to crush the rising influence of new truth. A Galileo may, by force, be constrained to read a reluctant recantation, but “the earth moves notwithstanding.” Such is the vitality of truth, that, when once discovered, it seems never afterwards to die. If, therefore, homœopathy be true, we may confidently expect that it will survive the opposition to which it is exposed. If it be false let us have

the proof. It is not to be condemned as some people would condemn a suspected felon, without judge, jury, or witness.

But whatever course the opponents of homœopathy may pursue, it is plainly the duty and the wisdom of those who have risked their credit and success by embracing it, to give it a most searching enquiry; that what there is of truth in it may be preserved for the benefit of mankind, and that what there may be of error intermingled with that truth may be eliminated from it. *Truth*—beautiful truth—must be to us what *power* was to the Romans. In the words of Livy, “*Apud Romanos vis imperii valet, inania transmittuntur.*” Among the Romans, he says, the power, the energy of empire, was valued; the pompous trappings and parade were handed over to others—to the monarchs of the east.

Let us then once more examine the foundation of our science, and in doing so we will consider:—

I. Whether there be *any probability* that a law, rule, or principle exists in nature for our guidance in the treatment of disease.

II. The *law* of homœopathy.

III. The *limits* of this law.

IV. What those cases are which are *beyond the limits* of the law, and how *they* are to be treated.

I. Whether there be *any probability* that a law, rule, or principle exists in nature for our guidance in the treatment of disease.

It is held by some that such a law is impossible. Among those who think thus is the present official head of our profession—Dr. Paris, the President of the Royal College of Physicians in London.

“In tracing the history of the *Materia Medica* to its earliest periods,” says Dr. Paris, “we shall find that its progress has been very slow and unequal, very unlike the steady and successive improvement which has attended other branches of natural knowledge; we shall perceive even that its advancement has been continually arrested, and often entirely subverted by the caprices, prejudices, superstitions and knavery of mankind;

unlike too the other branches of science, it is *incapable of successful generalisation.*" * This extract from Dr. Paris proves, first, that, up to the present moment, no law, principle, or generalisation has been acknowledged by the profession as a body; it proves, secondly, the wretched condition of the *Materia Medica*, or art of healing, as exercised by legally qualified practitioners; it further admits that this art has not improved and advanced as other branches of natural knowledge are confessed to have advanced; leaving the inference to be drawn that such wretched condition and such want of improvement have arisen from there being no principle or rule to improve by. Lastly, it asserts, *but it does not prove*, that medicine must for ever remain in this hopelessly unimproveable condition, for that it is *incapable* of such a principle! Sad indeed—if it be true.

These are the sentiments of the leading living physician in London; let us now turn to the most distinguished living physician in the capital of Scotland.

Dr. Simpson says, "In medicine and surgery we have *many general facts or laws*, more or less correctly ascertained and established, and the art of medicine consists in the practical application of these laws to the relief and cure of the diseases of our patients. These laws are some of a higher, some of a lower type of generality. As examples of them we have, for instance, the law that various contagious diseases, more particularly eruptive fevers, seldom attack the same individual twice during life, and the practical application of this law in artificial inoculation with small-pox and cow-pox, has already saved millions of human lives. As a general law, cinchona has the power of arresting and curing diseases of an intermittent or periodic type, as intermittent fever or ague, intermittent neuralgia, &c. As a general law, the employment of opium arrests and cures irritative diarrhoea, iron cures chlorosis, &c. &c." †

In the name of natural science I protest against such an abuse of its expressions as is here made. If its most valuable terms are to be applied in so vague a manner, there is an end

* Paris's Pharmacologia, Introduction.

† Simpson's Homœopathy, its Tenets and Tendencies, p. 237.

to all precision of either thought or language. If the precise and expressive term "general law" is to be understood as meaning nothing more than that things *generally happen so and so*, the further discussion of the subject will be vain and unprofitable.

Dr Simpson, endeavouring to extricate himself from this confusion of ideas and misapplication of words, goes on to say, "But the law laid down by Hahnemann, and which forms the groundwork of homœopathy, viz. *similia similibus curantur*, is regarded by him and his disciples, not in the light of a general law, but as a UNIVERSAL and *infallible* law in therapeutics.' Here, it is evident, the word *general* is made to mean the same as *generally*, as if they were connected as the words *frequent* and *frequently* may be, but a "general law" in this sense is a contradiction in terms, a "law generally but not always" is no law at all in nature. The word "general" when applied to a law of nature means the same as "universal;" to be a natural law at all it must be universally applicable *within its sphere of action*; a *real* though not an *apparent* exception would destroy its claim to be received as a law. Homœopaths speak of their law as thus general or universal.

But the confusion in Dr. Simpson's mind continues as he proceeds. "For one," he says, "I am most willing to admit that if Hahnemann, or any man, could discover a single, universal, infallible law in therapeutics, applicable to all diseases and all cases of disease, it would constitute the greatest imaginable discovery in medicine. Many men have in the same way fancied that they have discovered a single infallible *universal* remedy for all diseases. Priessnitz thought that his cold water was such. Morison averred that his pills were such, and so on." How strange the confusion of thought in this sentence! The attempt to cure all diseases by a single remedy, as in the instance of hydropathy, bears no relation to the attempt to discover, by philosophical enquiry and fair induction, a general fact or law of nature calculated to guide us in the application of *all* remedies. An uneducated but vigorous peasant might undertake the one, but only an accomplished physician could hope to effect the other. And again, the placing side by side, a

laborious scientific enquiry, carried on openly in the face of Europe by Hahnemann, and the pretences of the advertisements of Morison about his secret pills, shews either lack of discernment or of candour. If the former, it displays such a want of discrimination in Dr. Simpson as entirely unfits him for the task he has undertaken; if the latter, it betrays him into such a misrepresentation of things as equally disqualifies him on another ground.

Dr. Simpson admits that the discovery of a general principle to guide us in the application of remedies in disease would be a *great* discovery; but he has no sympathy with those who are labouring to find out such an invaluable guide. He does not indeed say with Dr. Paris that the discovery is impossible, but he breathes no fervent aspiration that suffering humanity may receive such a boon. He does not engage in the search himself, any more than Dr. Paris, nor has he a word of encouragement to induce others to engage in it. He expresses no gratitude to Hahnemann for his indefatigable exertions, nor regret that they should have been persevered in for so many years, as he thinks, in vain.

There is nothing to envy in a frame of mind like this,—so destitute of generous admiration of the indomitable struggles of an ardent spirit to obtain some clearer light to illuminate his path in the conscientious discharge of his professional duties; so devoid of ingenuous pity and brotherly regret while he thinks that those aspirations and exertions have ended in a failure!

But other men have had other views and feelings, and have come to a different conclusion. Sydenham, the father of British physicians, writes thus:—

“I conceive that the advancement of medicine lies in the following conditions:

“There must be, in the first place, a history of the disease; in other words, a description that shall be at once graphic and natural. * *

“To draw a disease in gross is an easy matter. To describe it in its history, so as to escape the censure of the great Bacon, is far more difficult. * *

“It is necessary, in describing any disease, to enumerate the

peculiar and constant phenomena, apart from the accidental and adventitious ones : these last-named being those that arise from the age or temperament of the patient, and from the different forms of medical treatment. It often happens that the character of the complaint varies with the nature of the remedies, and that symptoms may be referred *less to the disease than to the doctor.* * * No botanist takes the bites of a caterpillar as a characteristic of a leaf of sage. * * *

“For my own part I think that we have lived thus long without an accurate history of diseases for this especial reason, viz. that the generality have considered that disease is but a confused and disordered effort of nature thrown down from her proper state and defending herself in vain ; so that they have classed the attempts at a just description with the attempts to wash blackamoors white. * * *

“By this ladder, (of careful description,) did Hippocrates ascend his lofty sphere. He exhibited the legitimate operations of nature put forth in the diseases of humanity. The vain efforts of a wild fancy, (inventing hypothetical explanations of disease,) he did *not* exhibit. His theory was neither more nor less than an exquisite *picture of nature.*

“The other method whereby, in my opinion, the art of medicine may be advanced, turns chiefly upon what follows, viz. that there must be some fixed, definite, and consummate *methodus medendi*, (law or method of cure,) of which the commonweal may have the advantage. By *fixed, definite, and consummate*, I mean a line of practice which has been based and built upon a sufficient number of experiments, and has in that manner been proved competent to the cure of diseases. I by no means am satisfied with the record of a few successful operations, either of the doctor or the drug. I require that they be shewn to succeed universally under such and such circumstances.*

Such are the earnest thoughts of Sydenham. It is true he looked for this “method of healing” in a direction in which success has not yet been attained. He hoped to find it in a *theory of disease.* “It is known,” he says, “that the founda-

* Works of Sydenham, vol. i, pp. 12—17.—(Sydenham Society's Ed.)

tion and erection of a perfect and definite *methodus medendi* is a work of exceeding difficulty." In this direction two thousand years have been spent in unsuccessful efforts. Hahnemann turned to another quarter, and, as Dr. Scott has beautifully explained, he found a *method* in a *theory of cure*.

Thus far authorities may be consulted on our first point,—whether there be any probability that a law of healing exists in nature. But this is not a question to be settled by *authority*; it is a question of *analogy*, and can be answered only by a reference to what is found to be true in other departments of nature.

Now all who are acquainted with the history of natural and experimental philosophy, are aware that all progress in natural knowledge is dependent upon the discovery of general facts or laws. A subject appears confused, and all its parts in disorder, until such a discovery has been made; when this has been effected, everything falls into its place, and that which was before a chaos becomes an exhibition of order befitting the contrivance of an Infinite Intelligence. So far have natural philosophers gone in this direction, and so imbued are they with the conviction that all nature is a system of wisdom, an arrangement of perfect order and beautiful symmetry, that their energies are mainly devoted to the investigation of these laws. If we examine the labours of the mechanic, the chemist, the electrician, the geologist, the botanist, the physiologist, we find that all are working in the same spirit, all are in search of the same objects,—general laws,—the guiding principles of nature.

If then

“Order be heaven’s first law;”

if there be laws regulating every department even of inanimate nature, shall there not be laws of life and of health? If there be laws of storms and tempests in the air and the ocean, shall there not be laws of disease,—those tempestuous motions in the living body? Shall there be a magnetic bar to guide the affrighted mariner out of the intricacies and dangers of a storm at sea, and shall there be no compass to guide the physician in his efforts to extricate the sick man from the tempest raging in his veins? It cannot be; all analogy is against it.

If it be said, the original constitution of nature was indeed perfect, and arranged under perfect laws ; but disease has come in since under the disorder produced by sin, and is therefore necessarily irregular and lawless, it may be answered, the All-wise Creator was not taken by surprise when our first parents sinned ; He had made infinite provision for the sad catastrophe ; and while He appointed disease to be the regulated avenue to death—the wages of sin, He, in His infinite mercy, provided medicines, and regulated their use for the mitigation of this portion of our woe.

Analogy then leads us to conclude that it is *probable* that a law, rule, or principle exists in nature for our guidance in the treatment of disease.

II. What is the *law of homœopathy*?

What is a law of nature ? By “law of nature” is to be understood the Will of the Creator in the government of His material creation ; by “general fact” is meant the actual exhibition of that will in the obedience of the unconscious creature ; by “principle” we express our confidence in the unalterable character of the *law* as seen in the continual recurrence of the *fact* ; and we therefore make it a “rule of art” to guide us in our own conduct and proceedings. These terms are often used synonymously, and when so used all these ideas are implied by them. They express a natural fact, which, not in a single instance, nor occasionally, nor generally, but always, under given circumstances, happens ; that is, so far as our present limited knowledge of natural events teaches us. It is a general fact ascertained by repeated observations, as a particular fact is ascertained by a single observation. It is found to be always true, under certain conditions.

Let us take an example : one of Kepler's laws is this, “the planets describe equal areas in equal times.” * When the planets are in that part of their orbit near the sun their motion is accelerated ; when at a greater distance from the sun, their motion is retarded ; but at every part of their course, the area

* Demonstrated in the First Proposition of Newton's *Principia*.

described in a given time is always the same. Now if the planets could be detected occasionally moving after a different manner the law would not exist ; it could not be said that the planets describe equal areas in equal times ; the statement would be false and not true. A law of nature cannot be a general law without being a universal one.

These considerations are applicable to all the known laws of nature ; right reason therefore dictates their application to the law of homœopathy. It is proved to be a law if it possess a constant action within a limited sphere ; it will not operate, and ought not to be expected to operate beyond that sphere.

What then is the law of homœopathy ? It is obvious that, though it be highly probable, nay almost certain, from analogy that a law of healing exists in nature, it does not therefore follow that homœopathy is that law. Its own truth must be demonstrated as clearly as the nature of the case admits ; I need not, however, now occupy time in explaining what is quaintly, but for brevity's sake, expressed in the words, "*similia similibus curantur*," nor in bringing forward proofs of its truth. You are familiar with these. I will only observe that all who are conversant with researches into the constitution of nature confine themselves, when giving expression to the laws which govern its operations, to a simple statement of facts. We know too little yet of what Sydenham beautifully calls "*the innermost penetralia of nature*" to venture beyond the surface. We may know that under certain circumstances nature will act in a certain manner, but if we are wisely modest we shall abstain from asserting how the act is performed. With all due respect therefore for the memory of Hahnemann, and with very grateful acknowledgments of the benefit which by his industry and perseverance he has conferred upon mankind, we must reject the hypothetical language in which he has clothed the principle "*similia similibus curantur*."

That there is a natural relation between the disease-producing and the disease-healing powers of drugs is, I think, clearly made out. That a poison which produces, for instance, inflammation of any organ when given, in health, in a large dose, will be a good remedy for a similar inflammation of that organ, arising

from another cause, if given in a small dose, is, I think, fully proved; hence the rule briefly expressed,—“Likes are to be treated with likes.”

That it is a stronger artificial inflammation which “permanently extinguishes,” as asserted by Hahnemann,* the weaker natural inflammation has *not* been proved, and is apparently beyond our power to ascertain. Why should a simple fact be obscured, and its reception retarded by hypothetical explanations? of no possible utility? Speculation and hypothesis have been the bane of medical science in all ages; when will they be discarded? When shall we be content to devote ourselves, as the astronomer and the chemist do, to pure observation and experiment? Not till then will unanimity of sentiment prevail in the profession, and the greatest success attainable crown its labours.

On another ground also is it essential that we, as homœopaths, should restrict ourselves to the expression of facts in the simplest language, and in terms devoid of hypotheses. We are assailed by able, intelligent, and learned adversaries; if we undertake to defend what is indefensible, we give our opponents a great advantage, and may expect defeat; if we rest upon a natural fact, free from human speculation however brilliant, we shall be able to stand.

The hypotheses of Hahnemann constitute the greatest difficulty in the *theory* of homœopathy; if we agree to reject them, that difficulty is removed.

The law of homœopathy then, as expressed in the words, “*similia similibus curantur*,”—likes are to be treated with likes,—is to be understood as a simple statement of a natural fact, of universal occurrence under certain conditions, which are essential, and in the absence of which it does not occur. This brings us to the third division of our subject.

III. What are the *limits* of this law of homœopathy?

To what extent is it practically applicable? This is an important enquiry, and I shall do good service if I succeed in defining the boundary line within which the rule of “*similia*

* Organon, § xxvi.

similibus ourantur " applies. Within which it is a *general* law, a *universal* principle.

Great indistinctness of perception prevails upon this point. This is much to be regretted. It has caused a useless discussion on a theoretical question, whether the law is a *universal* or only a *general* law ; it has also given rise to a widely-extended controversy on an important practical question, the use of so-called *auxiliaries* ; and it has often placed medical men in difficulties out of which they have not known how to escape.

To make this subject plain, we will first enquire what is meant by the *limits* of a law of nature ? and, for an example in illustration, we will once more refer to the law of gravitation. All bodies attract each other with a force directly proportioned to their mass, and inversely to the squares of their distances from each other. Under certain conditions this force causes bodies to approach each other. But they often do not approach each other ; on the contrary, we often see bodies recede from each other ; is therefore the law broken and abolished ? By no means. The planets gravitate towards the sun, but in one part of their orbits they rapidly recede from that luminary ; why ? not because they have ceased to gravitate towards that attracting centre, but because the force of gravity is, for a time, overpowered by another force, and thus rendered apparently inoperative. In the same manner bodies often fall to the earth under the influence of gravity, but they often do not fall ; why ? because the force of attraction is interfered with by some counteracting circumstance ; the conditions are not satisfied ; restore these conditions, and the universality of the law will be vindicated.

Acids and alkalies have a strong tendency to combine with each other in definite proportions, under the influence of chemical affinity ; but if a stream of galvanic electricity be passed through the liquid in which they are dissolved and united, they are separated,—the force of affinity ceases to operate.

This law in chemistry of the union of bodies in definite proportions seems not to hold in the manufacture of *glass* ; at least, hitherto, it has not been shewn to do so. I have often tried the experiment myself. I have mixed the ingredients in

the proportions of their chemical equivalents, and have obtained glass, having had for these experiments the use of a large glass manufactory; but *my* glass was not finer nor better than that produced by the empirical mixture made by the men. Does this invalidate Dalton's beautiful and invaluable discovery? By no means; his experiments were made at ordinary temperatures, and chemical combinations produced under similar circumstances are obedient to this law. The condition of so high a temperature as that required for the manufacture of glass does not appear at present to be within the limits of the law; nevertheless the law is perfect; it bears universal rule within its jurisdiction,—within the conditions which limit it.

In an electrical or magnetic experiment the disturbing influences, preventing or interrupting the phenomena, are more numerous and complicated. The laws of electricity and of magnetism are not, however, thereby considered doubtful or untrustworthy; they are depended upon as absolutely certain to produce their respective events, within the limits of their sphere of influence.

Such is the meaning of the *limits* of a natural law. Let us apply these ideas to the law of *similia similibus curantur*. A poison taken in health produces a certain series of derangements; by this experiment the poison is indicated, according to the law of homœopathy, as a specific remedy, the best that can be obtained,—the choice one in all nature,—for a similar series of derangements occurring in natural disease. If this axiom be true at all, it will not only be *generally* true but *universally* so within the limits of its conditions,—within the limits of its power of action.

We are now prepared to understand the question, *what are the limits* of homœopathy? The answer must consist in an enumeration of those diseases which come *within* the limits; and will be made more plain and defined when we come afterwards to consider those cases, or parts of cases, which lie *beyond* its limits.

That the boundary is a vast one, and includes an innumerable multitude of the “ills that flesh is heir to,” will be manifest on due consideration. I can only refer to them very briefly. *The*

endless variety of affections of the brain and nerves ; the disorders of the circulation of the blood ; of respiration ; of digestion ; of absorption ; of secretion ; many ailments of the bones, ligaments, joints, muscles, glands, and integuments are included within the circle of this comprehensive rule.

The practitioner who professes to take this law for his guide in the treatment of disease, must obey it with loyalty, and trust it with confidence within this extensive territory. If he bleed and blister in simple inflammation, if he give purgatives in simple chronic constipation, he is without apology. The law will guide him effectually and securely, if it be obeyed, through all such troubles as these. Such additions do more than, in the language of Johnson, "encumber us with help,"—they are unnecessary and injurious.

This brings us to the consideration of so-called *auxiliaries*. The term is improper and ought never to be applied.

Here is a magnet and a piece of iron ; when the magnet is brought sufficiently near the iron, and the iron is free to move, it is drawn up against gravity and adheres to the magnet. This is a fact illustrating the action of the magnetic force. Suppose I put a weight upon the piece of iron, and make the magnet approach as before ; now there is no apparent action ; the magnetism of the bar has not departed, but the conditions requisite for its visible manifestation are not granted, there is a mechanical impediment. Now suppose I remove the impediment with my hand, and restore the conditions, the action again takes place. Can my *hand*, in that case, be called an *auxiliary* to the magnetic force ? it is obviously an improper term ; we cannot help or assist a natural force, though we may often remove impediments, or assist in producing the circumstances or conditions under which the force naturally acts.

We must reject the term *auxiliary* altogether. If applied to bleeding and purging in inflammation both the act and the term are wrong ; such additions to true homœopathic treatment are not needed, they are not *auxiliaries* but *hindrances*. If applied to what is required to be done for those parts of cases which are beyond the limits of the law of homœopathy, it is wrongly

applied,—where the law does not reach it cannot act at all, and therefore cannot be assisted.

Within the limits of the law of homœopathy nothing should be added to the remedy indicated, except what is manifestly calculated to promote the comfort of the patient; appropriate food, clothing, temperature, air, water cold or warm, and cheerful and kind attendants. What is required where these limits are exceeded we will now proceed to consider.

IV. What are those cases which are beyond the limits of this law, and how are they to be treated?

These out-lying cases, or parts of cases, like stragglers beyond the camp, are a disorderly group, which have given a great deal of trouble to the homœopathic practitioner, because he has not seen clearly how to deal with them. They have constituted a great practical difficulty. Let us try to subdue them to order and submission. We will take them *seriatim*, following the maxim of Rochefoucauld, “*Pour bien savoir les choses, il en faut savoir le detail.*” To understand a subject we must go into particulars.

There is a class of cases of which the following is an instance. A man is heartily and hastily enjoying his dinner, he swallows the bone of a fish, and it lodges in his throat; you are sent for in great haste—the man is choking. What tincture or globule of a “like” remedy can help in such a case? It is true there are medicines homœopathic to the pain and incipient inflammation, but their action would be kept in abeyance, just as the force of gravity cannot bring the apple to the ground while it is supported by the twig. No, the *mechanical impediment* in both instances must *first be removed*,—the twig must be broken, the bone must be extracted,—and then, the required conditions being granted, the respective laws will operate.

Another class is represented by the following cases. A railway accident, unhappily by no means unfrequent, has scattered abroad a number of poor creatures with broken arms and legs, dislocated shoulders and ankles, and wounds of all kinds. It is true the homœopathic medicines will be of great service, but

there are other requirements ;—fractured bones must be replaced in their natural positions, and be retained there ; dislocated joints must be reduced ; wounds must be closed with sutures and plasters, perhaps bleeding vessels tied ; and bandages must be skilfully applied. All the presence of mind and practical tact of the medical attendant will be put in requisition. His applications will be much fewer in number, his apparatus much less complicated than were those of his forefathers, so graphically depicted in the glorious folio of Ambrose Paré, but something of this kind must always be required ; to treat such cases single-handed is plainly beyond the power of homœopathy, but homœopathy will do its own part, and do it well,—*within its own province it will need no help.*

We proceed to another class of cases. A patient is suffering from inflammation of the bladder ; the physician prescribes *cantharides* ; the remedy is perfectly homœopathic to the inflammation, but it fails to afford relief. On more careful examination, a stone is found in the bladder ; its presence is the cause of the inflammation ; it is a mechanical impediment to the action of the remedy. The forceps is again required, the stone is removed, and the patient recovers. The failure of Cantharides in this case is no reproach to homœopathy, it would have cured had there been no such impediment.

It will be said that all these are *surgical* cases, and that the homœopathic physician is not concerned with them. I grant that they are *called* surgical cases, and that Hahnemann himself excepts them as such ; but the distinction between the surgeon and the physician is an artificial division of the medical staff which ought never to have arisen. It did not exist among the Greeks and Romans, but originated in the dark ages, and I hope it will cease to exist in the future ; that practitioners will study the whole of their profession, and seek only the distinction of superior skill and experience.

In another class of cases we meet with strictures of the natural passages. In these cases there is the diseased condition of the part which can be prescribed for homœopathically, but *there is something more* ; there is a mechanical impediment to the free passage of what ought naturally to be allowed entrance or

and in the case of the hæmorrhages it is clear that solid food must be abstained, and only liquids swallowed; in the case of the retention, as Dr. Black has shown,* something must be done to produce liquid evacuations. Now homœopathic medicines produce liquid evacuations by increasing the action of the bowels to a natural state. In a natural state, a healthy action of the bowels is maintained in these degenerate cases, and consequently something must be given to produce an unnatural state, and is a state of purging, as the only condition on which life can be in a short time prolonged. This case then requires a purgative, but it is evident that the purgative is not given with any view of curing the patient, it has no pretension of that kind, its object is simply to remove the cause to a mechanical effect. Should homœopathic remedies materially diminish the hæmorrhage, and the retention disappear, the necessity for a liquid diet in the one case, and for purgatives in the other, would cease. These cases are happily rare cases, but when they do occur the practitioner should explain their nature clearly, and especially his motive for having recourse to opients.

Other cases, the type of those last noticed, will be met with. I lately saw an elderly lady who was in the act of losing an enormous quantity of dark blood from the bowels; her life was in great jeopardy. The rectum was distended with hard matter. Two things were immediately done. The medicine which I considered most homœopathic to my patient's condition was given, and by the action of water the mechanical impediment to the action of the bowel was removed. The hæmorrhage ceased instantly, and never returned. Now I acted here strictly as a homœopathist should act. I gave nothing but the homœopathic remedy, and that too in the infinitesimal dose; but had I contented myself with this, my patient must have died. On the other hand, removing the mechanical difficulty was not having recourse to allopathy, it was in the strictest keeping with the purest homœopathy, and I took care that the friends of my patient should understand the nature of the case.

Again: a child fills its stomach with poison-berries, or with

* British Journal of Homœopathy, vol. xi, p. 458.

pastry ; or a man swallows accidentally or intentionally a quantity of poison in a solid state ; shall not warm water and a feather, or an emetic, or the stomach-pump, as may seem to be most called for, be immediately made available, to remove the offending matter ? In some of these cases magnesia, or white of egg, or camphor, or some other *antidote* may be required to neutralize chemically, or vitally, the poisonous substance. The remainder of the case will fall within the limits of the law, and the proper homœopathic remedies can be given.

Again : cases of fracture of the spine, where there is, of course, total paralysis of all the parts below the fracture, require a mechanical mode of relieving the bladder, during the brief remainder of life.

Again : cases of dropsical effusion *may* demand the removal of the accumulated water, not as a remedy for the dropsy, but that the distress caused by its bulk and *mechanical pressure* may, for a time at least, be relieved. For a similar reason, it will sometimes be desirable to remove simple tumours by an operation. Malignant tumours, having an origin in constitutional disease, should not, I think, be operated upon. They may be benefited by homœopathic treatment ; the forcible removal of them subjects the sufferer to a painful operation, and tends to shorten rather than to prolong life. We have the testimony of experienced allopathic surgeons to this fact. Among others, Mr. Paget, in a lecture read before the College of Surgeons in London in 1852, stated " that persons operated upon for scirrhus cancer of the breast die upon an average thirteen months sooner than those upon whom no operation is performed." *

It will be evident on a careful study of all these cases, that none of them are cases for which homœopathy is not adapted. We hear it said from time to time, such a case is not suited to homœopathy ; there are no such cases. Every case of disease is suited to homœopathy, and homœopathy is adapted to every case. It will be observed that it is for *a part only* of these cases that homœopathy is not suited. It is perfectly competent

* Lancet, June 19th, 1852.

to act, within its own sphere, in every case of disease; that which, in any case, lies beyond this sphere, if we follow the dictates of right reason, must be treated by other means. They are chiefly mechanical difficulties, which require to be mechanically removed. A few are chemical.

The homœopathist need not be ashamed of these things; he must avow them; he must explain them; he must, of all men, be open and straightforward, and do everything in public. Nothing can damage homœopathy, or the character of homœopaths, so much as clandestine proceedings.

But what shall be done with those "bites of the caterpillar," to which we have seen that Sydenham, nearly two centuries ago, compared the mischief produced by the deleterious doses of allopathic drugs? *The bites of the caterpillar!* what must be done with them? They are very difficult to deal with. I will describe what I did a few months ago with a case of this kind.

In the beginning of November last, Mr. H., a married man, of about 38, of a nervous temperament, not feeling quite well consulted his physician, and complained chiefly of nervousness; mercury, hyoscyamus, and digitalis, in large doses, along with other medicines, were prescribed for him. The next day he felt worse; the medicines were repeated, and others added. He continued to get worse; the drugs were continued. He took to his bed; another physician was called in in consultation, and the drugs repeated. When he had been three months in bed, was emaciated to the last degree, his heart beating as if it would break his ribs—140 times in a minute, his head confused, and he was besides suffering from bilious diarrhoea, the mercury and foxglove being still continued, and belladonna added in large and frequently repeated doses, his wife was told that she must expect the worst. This was his condition when I first saw him in April last, after he had been taking mercury and foxglove for five months, together with prussic acid, henbane, deadly nightshade, valerian, sulphuric acid, quinine, camphor, nitric and chloric ether, cayenne, assafoetida, colocynth, columba, dandelion, ammonia, &c. &c. &c.* from the hands of two of the

* I have the series of prescriptions in my hand.

leading physicians of the town where he resided. What could I do? I advised him to try to take some food, and to abstain from all medicine for a week. At the end of the week he was a little better, but had been greatly agitated the day before by the stormy visit of one of his former physicians. I prescribed Sulphur for him on that day, and in about two months, by attention to diet and by giving a few doses of Nux vomica, Sulphur, Nitric acid, and Cinchona, I had the pleasure of leaving my patient quite well, and he soon afterwards resumed his occupation, upon which a family was dependent.

Before I conclude, I must not omit to notice one class of cases which remains, and which Hahnemann reminds us common sense excludes during the early stage of their treatment from the domains of homœopathy. They are, in fact, not cases of disease, but of privation of life; I allude to suspended animation by drowning, or any other kind of suffocation. Persons in this condition do not need healing of disease, but, if possible, restoring to life. Of course whatever means are most likely to be conducive to this end must be diligently used by the homœopathist. If he should happily succeed in these efforts, and any ailment then exist in his patient, his rule comes into action, and he treats his case accordingly.

It will be perceived that on the *questio vexata* which at present divides the homœopathic body, I do not join either party, but I have endeavoured to place the subject in such a point of view that both parties may agree with me. It may have been presumptuous in me to attempt this, but I shall be thankful and not proud if I should be so happy as to succeed. If both parties should agree with me, this consequence must follow, that they will agree with one another; for it is a general law of nature, to which even the "differing of doctors" cannot prove an exception, that "things which are equal to the same thing, are equal to one another."

Our profession is one which ought to be of great utility to the public, and be entitled to the respect of mankind; how is it that it is so frequently satirised? Because of the tendency to run into extremes; because of the assumption of importance;

and beware of the jealousies and animosities so often displayed in the medical community.

It is further true that the "active practice" of the old school, we are in danger of, justifying the satire of Gil Blas, and as we have already quoted the sentiments of Dr. Sangrado, "C'est une erreur de penser que la saignée soit nécessaire à la conservation de la vie. On ne peut trop saigner un malade." It is quite an error to think that the blood is necessary for the preservation of life. We bleed a patient too often or too much.

In seeking the aid and sanction of such a course, we run into the popular error. We then become disciples of "a man of medicine," and with a celebrated physician of London,* when sent in to see a patient, however urgent his symptoms, we first inhale barley-water, and say, "Ah! I will come again to-morrow, and see what it turns to!"

In the meantime, we, the practitioners, while running after our "last sensations," are exposing ourselves to the ridicule of the London School. "Operate early, gentlemen!" Busy about nothing.

If each of us could exhibit a more modest and unassuming behaviour, could be more generally guided by the dictates of right reason and good sense, and could exercise more forbearance and charity towards our brother practitioners, while each was striving to himself a "good name," he would, at the same time, be raising the character of his profession, and be gaining for it the respect and confidence of his fellow-men.

We think our esteemed friend Dr. Sharp has stated the name of "Auxiliaries" incorrectly. We are not aware of the existence of any "party" who have recommended the use of auxiliaries to aid the action of any homoeopathic remedy. The only party we know of, is that which has recommended the use of certain non-homoeopathic measures in circumstances precisely the same as those in which Dr. Sharp recommends them, and merely termed them auxiliaries because they aid the practitioner to carry out the homoeopathic treatment when certain impedi-

* Dr. Lacci.

ments have been removed by their means. The term may be, strictly speaking, improper, but that is of very little importance; and as the thing they and Dr. Sharp mean is exactly the same, it follows that Dr. Sharp belongs to that party, as indeed likewise does Hahnemann. We can scarcely believe in the *bond fide* existence of any opposite party; and we certainly do not think the name of "party" merited by the one or two anonymous persons who write letters addressed to the non-medical public bewailing the defection from "pure homœopathy," of such persons as Dr. Sharp, who maintain that there are circumstances in the progress of certain rare cases in which it may be proper for a homœopathic practitioner to give an emetic or a purgative, or even a diuretic.]—EDS.

DISEASES OF THE STOMACH,

By DR. HOFRICHTER.

(*Continued from page 456.*)

XII.—Klinger, a woman, æt. 70, has for a long time suffered from barking flatulent eructations and pressure at the pit of the stomach. At the anterior border of the liver towards the stomach there is a long, smooth, painless swelling, with its axis passing downwards, (distended gall-bladder?) Complete loss of appetite; no stool; she eats nothing; urine scanty, high coloured. *Nux vom.* The urine was soon increased in quantity, the complaints of the stomach disappeared, and the above mentioned swelling subsided in the course of fourteen days.

XIII.—K., Mary, æt. 58, ill six months. After coition had a coloured show, followed by leucorrhœa. Was under treatment in the hospital for fourteen days; had formerly had prolapse of the uterus, now of the vagina; shooting pains in the vagina and labia, in the sacrum and thighs; eructations, sensation as of a ball in the stomach; constipation; worse towards evening and in the night; cutting pains often occur on passing urine; countenance swollen. *Nux vom.* In three weeks all the symptoms were gone.

XIV.—Kl., Francisca, a widow, æt. 60. For an hour previous to a hard, scybalous stool she had suffered from a spas-

modic pain across the upper part of the abdomen. Magn. carb. removed this ailment in fourteen days. A month after she complained of violent pains in the liver, that is, pains in the vicinity of the pylorus, taking place directly after eating, and especially after drinking. She could not bear her clothes around her stomach; urine very dark; a stool twice yesterday; a soreness in the upper part of the stomach and in the back; coldness in the extremities before the attacks of pain. While in a sitting posture she had a sensation of weight in the region of the liver. Nux. vom. Rapid recovery.

XV.—Krejčík, an unmarried female, æt. 20. The monthly periods have always been regular though small in quantity. Four years since she had scarlet fever, probably exposed herself too soon, and has since felt herself from time to time unwell; at different periods she has an eruption on the face; likewise hiccough on walking, and in the morning before eating; heartburn, and universal weariness. She has a pain in the epigastrium, so that she is compelled to loosen her clothes; compression in the region of the stomach; hawking up of much mucus. Magnesia mur. 3 doses. The first day after taking the medicine she has shootings in the top of the head; she has a violent pain throughout the day when she takes a powder. Bellad. 4 doses. The headaches left, but the hiccough was very much worse; pressure in the stomach. Magn. mur. 4 doses. The hiccough is diminished; the pressure of the stomach has subsided, as well as the hawking up of mucus. Idem. Better; on the other hand, nocturnal pains. Idem, 4 doses. The hiccough has stopped, as well as the nocturnal pains, but she has now vertigo. Idem, 4 doses. In eight days she was quite well.

XVI.—Kl., Theresa, a married woman at the critical age, whose monthly periods had always been scanty; complains of pain in the chest, the latter was very sensitive to external pressure; weight at the chest, especially when lying down; spasm of the stomach, extending to the throat, followed by eructations, which gave ease; no stool for two days. Nux vom. 4 doses. No improvement. Alumina, 4 doses. Improvement since yesterday; bending whilst sitting causes an aggravation. Idem, 4 doses.

Increased pressure in the back between the shoulder blades, as well as in the epigastrium. *Natr. mur.* 4 doses. Pressure in the chest, especially on ascending an elevation; nausea; stool hard, every two days. *Baryta*, 4 doses. The amendment continued to go on, and after the third repetition of the medicine the disorder was removed.

XVII.—*Jirkowska*, æt. 36, has had five children, and has suffered for a year from spasm of the stomach, which recurs frequently during the day, with retching; pain around the umbilicus; frequent vomiting of a sour corrosive mucus; shivering on being the least uncovered during the night; perspiration when warm; constipation; lacrymose disposition. *Nux vom.* 6 doses. Pressure of the stomach less; an evacuation of the bowels; no vomiting, but great thirst; shivering the whole afternoon after drinking, afterwards heat and pain in the head, followed by perspiration on lying down in bed. *Idem*, 6 doses. Shivering less; the fever however remains the same. *China*, 5 doses. Shivering still less, as well as the thirst and perspiration. *China* repeated twice more removed the rest of the disorder.

XVIII.—*Theresa Hefer*, æt. 37, a widow, mother of several children, complains of spasm in the stomach and chest, contraction of the chest, shooting pains in the region of the heart and back; stool daily. *Ignat.* 4 doses. No change; shooting pains in the left side worse; fever; high coloured urine. *Aconite*, 4 doses. Palpitation on motion or ascending the stairs. *Idem*. Spasm of the stomach had entirely ceased. *Aconite* quite removed the palpitation of the heart.

XIX.—*H., Augusta*, æt. 22. Pallid complexion, grey eyes. Menses appeared at 14 years of age, always abundant until her present illness, when they were eight days later than the usual period. She used to complain only of a pressure at the stomach; but she has now a compression, a contraction of the stomach, especially after any mental excitement, for example, a fright; formerly she was unable to take meat, now even farinaceous food seems to act as a poison. The region of the stomach is swollen; the weight and pressure is now changed into a soreness, with the additional disagreeable sensation of indigestion;

pain and burning at the left shoulder blade and down the spine to the sacrum; eructations; occasionally a small and hard stool; she eats but very little. While walking in the room she has sensations of internal ebullition and palpitation.—30/7* 1850. Nux vom. 4 doses. There was considerable improvement until 17/8, but on the last named day there was a return of the spasm of the stomach and vertigo; she attributed this to eating meat. Idem, one dose every forty-eight, then every seventy-two hours. The menses appeared the 5, 6/10, delayed twelve days. Kali carbon., 4 doses, 48 globules.—The 27/10 the periods had returned, and lasted five days, although not immoderate. Continue the same medicine; the menses again appeared the 30/11, lasting three days. The whole of the last period the complaints of the stomach had disappeared; on the other hand she complains of pressing, burning pains under the left shoulder blade, when lying on the back or side, when knitting and sewing, or when cold; any position retained for a time excites the pain, cold also, but warmth relieves it. Natr. mur. daily. Appetite very good; the pain under the shoulder blade is much the same; when she is lying on her back the three last fingers of the left hand become painful and itch. Idem. The menses appear at the proper time; the pain under the shoulder blade has subsided; only troublesome when lying on the back. Idem.—The 17/1, 1851, quite regular; now however she complains of burning stitches from the heart backwards, especially on lying down. In spite of all the means used the complaint remained, although it often was removed for a long time together; the catamenia still continued regular. Sabadilla, Verbascum, Causticum and Sulphur were employed in vain. At length in the month of June, 1851, the pain removed to the right side, was insupportable on taking a deep inspiration, extended to the region of the liver, that is to say, to the right hypochondrium. As I was twice called to visit the patient at her dwelling I found pleurisy of the right side with effusion. It was nearly six weeks before effu-

* These figures refer to the date, the first represents the day of the month, the second the month itself: 30/7 accordingly represents the 30th of July.

sion was re-absorbed, although she complained of very little uneasiness. She went into the country for change of air, which proved very beneficial. These pains that occur in the cavity of the chest, or in the left hypochondrium are remarkable, and merit consideration, for when they are not easily removed they are frequently owing to pleurisy and effusion. In like manner pains in the right hypochondrium with evidently small liver, often precede carcinomatous deposits in that organ, or in the abdominal cavity.

XX.—Frederica D., an elderly unmarried woman. The menses always appeared at the proper time, and were usually abundant; they appeared too early before she was taken ill. She now complains of a pain beginning in the sacrum, passing thence to the hip and the thigh, resembling a stitch and a sensation of contraction. Besides this, after dinner a compression in the scrobiculus cordis; at the bottom of the throat a sensation of a ball; a pressure between the shoulder blades, and a shooting pain under the left short ribs; constipation, and before each stool pains in the hypochondria; urine white and cloudy; aversion to flesh meat; heartburn, and flow of water into the mouth; eructations after eating onions; moving about of flatus. She can only lie on the painful side. Shivering; nocturnal thirst; burning in the soles of the feet; hawking up of mucus; dryness of the nasal membrane. *Nux vom.* During the use of this medicine, which extended over several months, the following symptoms arose, all of which however vanished at the same time as the pains in the stomach ceased. At first, severe pains in the stomach; a pressure as if from a stone, from the throat downwards; the bowels were at the same time moved daily; at the monthly periods there were more pains in the limbs and sacrum. At the same time for two days there was an amendment in the pains of the stomach. Headache; a sensation of contraction in the vertex, and stitches in various parts; pains in the face, from which she had formerly suffered. She had for many days a taste in her mouth as bitter as gall; at the same time disappearance of the headache; appetite tolerably good; a feeling of emptiness in the stomach; yawning; then pain in the stomach, and bitter taste after eating; feeling as if

held fast under the right scapula ; congestion in the head and palpitation ; desire for acids, and farinaceous food, and dislike to meat ; acrid leucorrhœa after the monthly period, sleepiness in the evening. Her whole state continued to improve more and more. Mental excitement and coffee made her worse. Finally, she so far recovered that neither domestic annoyances nor coffee were able to give rise to any noxious consequences.

XXI. — Drocark, Anna, æt. 31, robust, married eight years. When 9 years old she had a sore in the foot ; since that period she always has pains in that foot in bad weather. In her 10th year she had the itch. She began to menstruate in her 21st year, having been ailing five years previously ; the discharge was small in quantity, scarcely amounting to a teaspoonful, but recurring every four weeks, and always accompanied by red cheeks. She has been bled three times. She complains of pain in the right hypochondrium, extended to the scrobiculus cordis, thence passing to the neck ; the region of the stomach is swollen and painful to the touch ; the urine mostly thick, depositing a brickdust sediment ; bowels moved daily ; formication and numbness of the hands ; weight in the feet ; headache in the vertex. Aconite, 4 doses. Menses small in quantity, attended with violent sacral pains, frequent and liquid stools. Sulphur, 8 doses, one every 48 hours. Stools soft ; daily deposition in the urine. In sixteen days the stools, which occurred daily, were more loose ; the urine yellow, with sediment ; a cutting pain in the right iliac region, extending towards the left side ; the spot is extremely painful to the touch. Mercur. The pain soon subsided. In fourteen days the menses appeared, but only in a few drops, followed by very severe pain in the back part of the neck, as well as in the upper jaw on the left side, finally tenesmus, with burning in the rectum after a stool ; pain in the abdomen tolerable, but increased on firm pressure. A white sediment in the urine. Idem. Some days are passed over without pain, when there again occurs burning and heat in the iliac region ; finally, a burning pain in the gums of the left side and twitching in the jaw. On account of the pain in the gums felt even where an incisor had been extracted, and on account of abdominal pain, I gave Rhus. A tooth was extracted and the

pain in the gums stopped immediately, but she complains of a throbbing pain in the abdomen, as if a gathering were forming. *Silicea*. She was well for a long time, but the same pains returned. *Mercur*. Pains as of bursting; insupportable burning pain in the scalp; tearing in the chest; sacral pain; pains like the stabbing with a knife; the effusion is now easily recognized; fainting fits; the region of the stomach is distended; violent cough; loss of appetite; no thirst; desire after acids. *Belladonna*. For some days no change for the better; the hard spot is not so painful but itches; no heat; urinary deposits, and for some time leucorrhœa. After twelve days, *Bryonia*. The painful spot is about the size of a hen's egg, and seems to be situated beneath the pylorus, by no means deeply, for its limits can be ascertained by percussion. For six days there was a recurrence of shivering and heat; the urine thick; a cough, with a cream-like expectoration, mixed with blood. *Mercur*. For six days extremely violent pains, so violent that her hands became spasmodically distorted. The burning intolerable; urine high coloured. *Lachesis*. The patient felt relieved after a milky leucorrhœal discharge. In sixteen days the pain had removed more towards the under part of the sternum, at the same time there was a burning in the scrobiculus cordis; much thirst; desire for beer, with burning in the chest; the ribs felt as if broken; aching over the whole body; the region of the stomach distended, with internal throbbing. By the further use of *Lachesis* these complaints subsided. There only remained a throbbing similar to that of a whitlow, which seemed to require the use of *China*. In a month the patient was so far improved that she could undertake her domestic duties and other hard work. A year after I again saw the patient, and had an opportunity of convincing myself that the hard tumour had not undergone any change, but as it did not cause any uneasiness the patient was unwilling to adopt any further treatment.

XXII.—Bergmann, a female, æt. 80, complains of a contractive pain in the region of the stomach, with nausea; eructations of a rancid sour taste; vomiting of mucus in the morning; pain in the scrobiculus cordis, and tenderness on pressure; a spasm

in the throat on eating, particles of food get into the windpipe; bowels moved daily. *Nux vom.* Cured in three weeks.

XXIII. Barbara Muller, æt. 42, married, regular; has complained of uneasiness in the stomach for three-quarters of a year. Griping or pinching around the umbilicus to the scrobiculus cordis; a weight in the stomach like a stone, extending to the chest and between the shoulder blades; she is dull and cold, vomits a watery fluid, and her food after eating; burning sensation at her stomach; pinching as if with pincers, sometimes in the left, and sometimes in the right hypochondrium, and in the stomach, giving rise to constant nausea; distension of the stomach; bitter taste; is constipated from four to eight days. *Nux vom.* Cured in two months.

XXIV.—Castka, æt. 40. Accustomed to drink. Complains of vomiting mucus in the morning, often of a green colour and bitter taste, with violent retching: burning in the chest, with palpitation and shooting pains in the region of the heart; aversion to beef; thirst sometimes very great; a stool daily; continual pains in the back; pains in the loins, extending round to the abdomen; strangury; weight in the stomach, with eructations. The vomiting which occurs in the morning is preceded while in bed by perspiration, commencing on the dorsum of the foot and extending to the upper part of the thigh; after which he vomits on rising. He is hypochondriacal, and has distressing dreams. *Nux vom.* Fourteen days after there was no vomiting; the palpitations became less frequent, and he had in the morning only a little cough, with some mucous expectoration; aversion to meat; appetite for sour kroust; very rarely any pains in the loins; weakness of the feet. *Idem.* Fourteen days after, coughing in the morning, with mucous expectoration like saliva; the former ailments are relieved. *Idem.* A cure was effected in four weeks.

XXV.—Cr., an Italian merchant, æt. 36. When 21 had catarrh and an ulcer on the lower lip; the skin became yellow, having a vesicle in the centre; this occurred from time to time; he had likewise hard chancre, blenorrhœa; is fond of drink, lives well, and is given to women. The region of the stomach is always sensitive to the touch; when the digestive

powers are out of order the ailment is usually accompanied with catarrh ; the tongue is smooth as paper ; there are pains in the occiput ; much mucus in the mouth, and a feeling in the stomach as if filled with a large quantity of nuts ; scanty and high coloured urine ; constipation. *Nux vom.* 6 doses. The sensitiveness of the stomach has disappeared ; the tongue white ; flatulency ; urine high coloured, and depositing a sediment. *Idem.* The bowels became relieved daily, though small in quantity ; tongue white ; mucous taste in the mouth. *Sulphur* 30. He was obliged to take a journey, when he committed several errors of diet. Stools small in quantity, hard one day, then many stools the following day. *Nux vom.* By using this remedy for several weeks he recovered satisfactorily to himself.

XXVI.—Pahony, æt. 26, has had several children. Pressure of the stomach, especially after eating bread, or taking anything acid or warm, for example a warm supper ; empty eructations. *Zincum* 3, was followed by a rapid cure.

XXVII.—Catherine Dawidowa, æt. 46, complains of pressure in the stomach, tearing between the shoulder blades, and during the pain there is great flow of saliva to the mouth. The pains sometimes begin in the abdomen. *Bismuth*, 3 doses, 2nd dilution. She had vomiting of food during the attacks of pain. *Pulsatilla*, 4 doses. The complaints of the stomach ceased ; pains still remaining in the back. *Contin.* The remains of the disease were removed by the use of *Pulsatilla*.

XXVIII.—Mary Hodan, æt. 28, has had four children. Since her third confinement she has suffered from headache, which has continued for the last six years, indeed since the absence of the menses. At the time of the reappearance of the menses she was attacked with headache. She fancies the vertex is swollen ; feels a tearing and pricking in the interior, as well as a tearing in the temples ; the pain then descends to the eyes, where there is also a tearing sensation and a spasmodic closure of the eyelids. There is a shivering, hiccough, and finally heat without perspiration, accompanied with shooting pains in the spleen, the last not only occurs during the attacks, but on going up stairs, and lying on the left side, and on pressure. The attack is followed by sleep, during which the headache sub-

sides, and the pain moves to the neck, leaving behind a sensation of festering. The epigastrium is swollen, and there is a throbbing or pulsation sensible to the touch; there is a pressure in the stomach like a stone after eating beef, or strong beef-tea. During the violent headache there is vomiting sometimes of green mucus; a stool every third day. The menses are abundant, mostly appearing two days earlier than they should. *Nux vom.* 8 doses. At first there was less throbbing in the head, a stool daily, and the complaints of the stomach were better; subsequently there occurred water-brash with nausea; the fluid which rises from the stomach is acid; this is followed by headache; stool daily, but firm; heartburn. She cannot bear any food; the tongue is often very white, then again red, with dryness of the mouth and burning of the stomach. Regularly towards six o'clock in the evening there arises dryness of the mouth, with tickling in the throat and hoarseness; there are empty eructations and rancid risings in the mouth; there are shooting pains in the left parietal bone and in the middle of the sagittal suture. Weak broth and cool things agree with her best; shooting pains in the epigastrium. *Sulphur. acid.* 6th dilution. Fifteen days after there were heartburn and an acid taste in the mouth; there have been for three days formication in the root of the tongue, and burning in the throat (she had eaten of a goose). *Natr. mur.* The formication has subsided. The burning is now felt in the cavity of the chest, behind the sternum, thence to the right side; it likewise extends upwards into the throat. *Lycopod.* 8 doses. The burning was relieved in six days. Yesterday there was a little headache, attendant upon the accession of the monthly period. Nothing but sugar of milk was given for the next ten days. On the last two days there was semilateral headache on the left side, and tearing pain in the left eye; the pain again extended to the vertex, then to the forehead, over the right eyebrow, drawing tears into the eyes; the eyelids could not be opened, and there was also fine shooting pain. *Ranunc. bulbosus.* Improvement of the stomach complaints, and removal of the headache. Fourteen days after.—Since yesterday there is again griping or gnawing in the *scrobiculus cordis*, extending down-

wards to the umbilicus; disposition to fainting; vertigo and perspiration; he is obliged to lie down; no evacuation of the bowels for three days. In addition, there are tearing pains in the vertex; hiccough; and a bad odour from the stomach; urine yellow and burning; acidity of the stomach; increased thirst; swelling of the epigastrium after taking the least food; diarrhoea after drinking water; she drinks beer. Arsenicum 80. The thirst and diarrhoea disappeared; urine became pale. Ten days later: yesterday there was again headache, a shooting and tearing in the vertex with flushed countenance, then pallor and nausea; pressure in the stomach, and a pressing together round the umbilicus; great thirst; no appetite. Conium—badly chosen; of no use. Belladonna. Through an entire month she was tolerably well, having had but little headache; but at last, probably from some error of diet, she again felt nausea in the morning occasionally; burning in the scrobiculus cordis extending upwards, followed by risings in the mouth of an acid water. Silicea, 8 doses, at intervals of 48 hours. No headache; no stomach complaints; but pains in the throat and gulping of water, with hoarse voice. Lachesis, 6 doses. The complaints of the throat have yielded; but there is, on the other hand, a dry nocturnal cough, and in the morning little expectoration. (This occurred in January.) Hyoscyam. The expectoration is green; there is again heartburn. By the use of Hyoscyam. the cough and expectoration were subdued. Pressure of the chest; no appetite; a fulness and trembling of the stomach directly after eating the least thing. Rhus, 80. After three weeks time, when all the ailments had vanished, the headache reappeared; it began over the eyes and passed to the vertex, where it was of a tearing character, with internal and external heat of head. Belladonna. From this period there was lasting improvement, and by the continued use of Belladonna, all the symptoms disappeared at the commencement of spring.

XXIX.—Kohl, æt. 24, tailor and musician—that is to say he plays at evenings in the public-houses—since September 1844 has had a cough with a green, saltish or acid expectoration; early in the morning the expectoration is very much increased and often bloody; pain in the chest under the nipples, shooting

while coughing ; nightly perspirations ; stool daily, moderately soft. On leaving the public-house in the evening he vomits all he has eaten during the day ;—he is likewise sick during the day.—The 14/2 1845, *Nux vom.* Cured in two months, in spite of the public-houses.

XXX.—Klinka, æt. 34, by trade a turner. Pressure and burning in the *scrobiculus cordis* daily, especially after drinking beer ; stool daily. *Nux vom.* In four weeks the stomachic symptoms were cured. Burning under the short ribs of the right side. *Bryonia*. This last symptom at once disappeared.

XXXI.—K., a girl near 20 years old, of a chlorotic aspect, menses small in quantity, delayed beyond the proper period, always accompanied with abdominal pain, complains of pressure in the *scrobiculus cordis*, which extends round the short ribs into the back ; when the pressure subsides there supervenes a pinching in the belly. Formerly there was diarrhœa with violent griping ; the pressure has increased since the diarrhœa has ceased. There is drawing sensation in the chest with slight eructation. The attacks of pain come on at ten o'clock in the morning, lasting until noon ; they are alleviated by walking.—15/9. *Pulsatilla* and *Ignatia* were of no benefit. To the other ailments were now superadded shooting pains across the chest to the back ; stool soft.—20/9, *Zincum* 1 dil. Paroxysms of pain milder ; appetite improved.—The 28rd, the menses appeared at three weeks time.—1/10, stool hard. Two days since there was in the evening, a shooting pain under the short ribs, yesterday the pains were not so violent ; to-day at five o'clock in the evening there was a pressure in the region of the stomach, and pinching in the abdomen. *Stannum* 30. The attacks of pain became less frequent, until in 14 days the patient was freed from all ailments.

XXXII.—N., Francisca, æt. 20, of a sickly, pallid countenance, and scanty periods, has suffered for a length of time from shortness of breath with cough, especially in the morning. Besides these, there are the additional symptoms of distension of the epigastrium and pressure, especially in the forenoon, but likewise at other periods of the day ; heat in the mouth ; the mucous membrane of the mouth is pale ; tooth-ache

while masticating, the teeth seem loose; pinching pains in the abdomen; stool hard; there is much scurf on the head, and at the occiput there is an exudation, which glues the hair together; running behind the ears. Sulphur 80 daily. Twelve days after there was less running at the occiput; a sour taste in the mouth, especially after eating; breath short; a shooting pain under the short ribs, and pressure in the scrobiculus cordis. Ignatia. In three days there were diarrhoea with abdominal pains, which then ceased; one day there was pressure in the scrobiculus cordis, then the patient was again free from ailments. Continue. Eight days after, auscultation gave two murmurs in the aorta, and one also in the pulmonary artery, corresponding to the first sound of the heart, and one in the carotid; but there was neither dilatation nor hypertrophy of the heart. Kali carb. and Ferr. acet. were ordered to be taken every eight days alternately. (Bland's pills are often of great service in similar cases.) The menses appeared fourteen days after their time. Subsequently the stomach complaints disappeared, and in three weeks after, the murmurs. The patient felt tolerably well, and danced on Shrove Tuesday night, when she was seized with superficial pain in the breast, and short breathing. Psoric. 80. She perfectly recovered in four weeks.

XXXIII.—Anna Keil, æt. 17, fourteen days since, after having partaken of new bread, was seized with pain in the scrobiculus cordis; the epigastrium was distended; there was pressure and contraction in the stomach. A warm cloth placed upon the epigastrium gave relief. External pressure is painful; the paroxysms of pain recur frequently through the day; moderate appetite; an evacuation daily. Nux vom. Cured in seven days.

XXXIV.—Catherine Ministrova, æt. 35, had formerly suffered from many and constant disorders of the stomach, the pain then removed to the abdomen; on examination swelling of the latter may be observed. For half a year she has had dropsy. Urine scanty; hard stool, but good appetite; perspiration in the night in the scrobiculus cordis; menses regular. 18/7, China, 1. She went into the hospital, when, in spite of the paracentesis, the water re-collected; she came out again: urine still scanty,

yellow, with red deposit; great desire to pass urine. Helleborus, Arnica, and China restored the patient to health in a few months.

XXXV.—Lauda, æt. 48, an Austrian, has frequently suffered from the following symptoms: pressure like a stone in the scrobiculus cordis; a shooting pain passing thence to the right side of the back; thirst; appetite; dryness of the mouth; the symptoms are increased by drinking cold water, and alleviated for a short time by warm drinks; inclination to vomit; tongue red in the middle, dirty white at the edges; constipation; urine sometimes red, at others pale; shivering. Nux vom. freed him from all his sufferings in fourteen days.

XXXVI.—Mala, æt. 30, has been ill two years, since the death of a member in her family. She thinks grief the cause of her illness. She complains of a shooting pain in a spot about the size of a sixpence, in the region of the stomach; a pressure in the chest extending upwards to the throat; pains around the umbilicus like a pressure or contraction, so that they take away her breath; very frequent diarrhoea; occasional empty eructations which yield relief; rumbling in the abdomen; eructations after eating apples; frequent vomiting; amenorrhœa. 1844, 17/11, Nux vom.—21/11, diarrhoea daily; abdomen hard, distended, nevertheless appetite; milk gives alleviation; pinching around the umbilicus, and shooting pains; on touching the abdomen it seems to be festering; frequent shooting pain in the heart; weight on the chest. Two days ago at noon, vomiting came on, which gave much relief. Hyoscyam.—23/11, surprisingly well.—Idem 24 and 25. In the afternoon from two to five o'clock, a dull shooting pain about the region of the heart; pinching around the umbilicus; yesterday there was vomiting again; pressure in the epigastrium; diarrhoea during the day; great appetite. Tabac. Thereafter improvement.—3/12, for some days past, dull stitches from the left side to the middle of the scrobiculus cordis; a feeling of turning or winding; loose stools; nausea in the morning; twice a flow of water into the mouth, cough with expectoration after drinking cold water, and scraping in the throat. Stannum, 30.—7/12, cough with scraping in the throat, and much whitish thick ex-

pectoration with retching. *Idem.*—11/12, has eaten a warm pudding; this has caused pressure in the stomach; retching after eating anything, and mucous vomiting; taste in the mouth often bitter; empty eructations; the shootings on the left side have ceased. *Pulsatilla.*—14/12, retching directly after taking food, with vomiting of mucus; pressure on the chest; great palpitation of the heart; empty eructations; oppression of the abdomen as if from flatulency; firm stool; appetite good. The attack comes on about ten o'clock in the forenoon. *Nux vom.*—28/12, very well, notwithstanding Christmas-time. *Idem.*—2/1, abdomen hard and distended, especially after eating, otherwise not any pain. *Idem.*—8/1, nothing to complain of besides the abdominal distension, which likewise disappeared by the continued use of the medicine.

XXXVII.—Pousch, æt. 22, quite regular, slight leucorrhœa in the intervals; pressure in the stomach after taking food; at the same time twitching or throbbing in the scrobiculus cordis, so that she is obliged to loosen her clothes for half-an-hour or a whole hour, according to the attack, with water running from her mouth, and nausea; vertigo; daily evacuations of the bowels; appetite good; taste natural. *Nux vom.* The disorder was removed in a short time.

XXXVIII.—P., a young woman, æt. 20, chlorotic, leucorrhœa in lieu of menstruation. Pressure in the stomach, with vomiting of food, then vomiting of water preceded by nausea; the pain in the stomach ceases after the vomiting; it is much worse after taking milk. *Ferrum acet.* 8. In six days she was much better, scarcely any pressure in the stomach, only a little rising of water into the mouth. *Idem.* Eight days later the menses reappeared, very pale, and much mucus, with beating in the head, especially on stooping, and drawing in the neck; disposition dull; stomach quite free from pain. *Ferr. ac.* used for a longer time made her regular, and removed the chlorosis.

XXXIX.—P., æt. 22. The menses appeared for the first time when she was 20 years of age, after having taken much medicine; in about a year they again stopped; now they recur every three weeks; eight days afterwards she has leucorrhœa. The patient now suffers from a pressure and contraction in the

scrobiculus cordis after eating, which again subsides after having taken a little food; this lasted fourteen days, with wakefulness, and pulsation in the scrobiculus cordis; want of breath on going up stairs, with palpitation of the heart; weight of the feet; stool daily. *Pulsatilla*.—Five days after: a pressure and contraction of the scrobiculus cordis after eating, extending upwards into the throat, with nausea and retching; a remission of the symptoms towards evening. *Nux vom.* Rapid recovery. *Kali carb.* and *Ferrum* induced regularity of the monthly periods.

XL.—Pickart, a young woman æt. 16, complains of a shooting pain in the region of the stomach, which she has had for fourteen days; on remission of that symptom, she is seized with a pain in the small of the back, which compels her to sit double, day and night; it even wakes her out of sleep. *Bryonia* and *Aconite* produced no change. *Ignatia*. Better for a few days, then again pain in the stomach, extending downwards to the small of the back—a compression and forcing; after eating anything warm a burning in the stomach. The last few days diarrhœa; urine high coloured; little thirst. *Arnica*. In four days time the diarrhœa had ceased, but there were nocturnal pains. *Ignatia*. Rapid improvement and recovery.

XLI.—Barochowa, Anna, æt. 40, was always regular, has been in the habit of carrying heavy weights; for the last three months has complained of disorders of the stomach. The paroxysms occur towards noon, ease during the night; they are alleviated by warmth; a winding, turning round and pressure in the scrobiculus cordis, which either extends downwards to the intestines or upwards into the throat; on putting her finger into the throat and exciting eructations she feels relieved; or the pain occurs between the shoulder blades, or under the short ribs; stool every morning; tenesmus and frequent prolapse of the rectum; frequent desire to pass urine but often without doing so; she vomits after taking fat, as well as after drinking coffee. There is shivering during the paroxysms of pain, and perspiration towards morning. *Nux vom.* removed all the symptoms.

XLII.—Rinesch. Contraction in the stomach down to the

umbilicus; trembling of the stomach; great thirst; nausea with vomiting of water and mucus; with violent vomiting, an acid fluid is ejected; waterbrash; stool daily. *Nux vom.* Recovered in a short time.

XLIII.—Richter, æt. 23, menstruated at 16 years of age, has been ill for two years. Her sister had tapeworm. She had an eruption on the face attended with fever, which scarcely lasted half a day, followed by vomiting of blood, then of food; soreness of the left side in the region of the lower ribs (percussion yielded the usual tympanitic sound, therefore the stomach was the seat of the pain); a considerable, soft and fluctuating swelling of the abdomen, the level changing according to position; ascites; at the upper part of the umbilicus a hard, roundish swelling, under the abdominal coverings. 1840, 8/11, Arsenic 15.—13/11, no pain in the abdomen, but a burning, tickling pain in the upper part of the right thigh, in the course of the anterior ischiatic nerve; urine increased in quantity. *Idem.*—21/11. From the 17th to the 20th she had her menses; the abdomen lessens; no pain; stools once or twice daily. *Idem.*—27/11, last night she felt a weight in the left iliac region; on examination there was a swelling as large as an egg. A shooting pain was felt on pressure. To-day the swelling on the right side surprisingly large and hard; appetite good; stool twice in the day. The 24th, at the beginning of the new moon, and the few following days, nausea before going to stool, which seemed to be caused by uneasiness at the umbilicus. Continue.—18/12, still mending; menses regular, but still had from five to six watery, slimy stools in the morning, preceded by nausea; the abdomen continues to become softer, but the swelling is more readily felt. *Idem.*—26/12, as the abdomen is considerably lessened and softer, the swelling is found to be the size of two hand-breadths.—1841, 4/1, Sulphur 30. The ascites is entirely gone; the digestion is as good as can be wished, and the monthly periods are unaccompanied by any bad symptoms; however the tumour undergoes no change, notwithstanding the use of Sulphur, Lycopodium, and other remedies for some months. I cannot say anything as to its nature, only I suspect that it is seated in the cellular tissue.

XLIV.—Smetana, æt. 58. The menses had disappeared, though they used to be very abundant. Constipation; a hard stool every second day; pressure in the stomach after eating; head confused, there seems to be a loss of consciousness on awaking; heat externally and internally in the vertex.—22/9, Nux vom.—27/9, remission of the pressure of the stomach, notwithstanding coffee drinking. Idem.—4/10, diarrhœa the last three days, with which she had been frequently troubled, but it had left her for some time; watery diarrhœa. Veratrum.—8/10, tolerably well, excepting she has dryness and heat of the mouth, with a sensation of heat mounting upward to the head; pressure over the vertex to the root of the nose. Nux vom.—31/10, now she only feels confusion on walking in the open air; all the other symptoms have disappeared. Sepia 30. One dose was sufficient to remove this state in eight days.

XLV.—Spiroch, æt. 19, works at a factory; has been ill for three weeks. Appetite for sour things, and desire for hot food; thirst; a shooting pain in the scrobiculus cordis after eating bread; shaking and shivering in the body; stool hard; slight cough, especially in the evening and at night—for example, on turning in bed and on sitting, more frequently dry, rarely a watery expectoration; fever: shivering in the forenoon until he shakes with cold, better when in bed. 1/5, Aconite. Cough only at night. Belladonna. Nux vom. completely removed the stomach complaints.

XLVI.—Schott, a deformed young woman æt. 20. Complains of pressure in the stomach after eating, worse in the night than in the day, with nausea; soreness of the stomach, the pain is cutting on the least motion; trembling of the stomach; great thirst; watery diarrhœa several times during the day, especially after eating. She thinks the illness has been brought on by grief. Veratrum removed the diarrhœa, Ignatia cured the disorder of the stomach.

XLVII.—Kopecka, Ludmila, æt. 37, married, has had three children, and had a dead child in the seventh month, as well as miscarried once. For three years she has had pressure in the stomach, mostly one or two hours after eating, the pain extends to the chest on left side, and under the sternum between the

shoulder blades; waterbrash; constipation for several days; the evacuations very hard; little appetite; menses regular; shivering with flushes of heat. When shivering there is increase of the pressure in the stomach. 18/1, Nux vom.—28/1, She has had a stool to-day, for the first time since the 18th, followed by alleviation of the symptoms of the stomach but not of the chest. Gratiol. The 24th and 26th, she has had one evacuation though hard; the spasm of the stomach is not so often, and more feeble; the pain is likewise lessened in the chest and left side. Idem.—30/1, evacuation of the bowels every forty-eight hours. Idem. The patient quite recovered in the course of a month.

XLVIII.—Schkedel, a married woman æt. 40. Formerly suffered from ebullitions of blood, with trembling and palpitation of the heart, which were removed by steel. Nine years ago she suffered for the first time from spasm of the stomach which left her in winter time. Last summer in the month of June, she drank forty bottles of the saline spring of Eger, after which the menses left her for three months, and never returned to the same extent as before, but she was attacked with vaginal leucorrhœa, which the first time continued to the following period; the second time the discharge lasted as long, but was not so abundant. The mineral water had no effect upon the stomach disorder. Usually about two hours after taking food, a pressure in the region of the stomach extending upwards over the chest, even to the throat, causing there a sensation as if it was constricted; rising of water in the mouth often accompanied with retching and vomiting of food; bitter taste in the mouth, water even leaves a bitter taste; frequent spasm of the stomach, often immediately after taking any cold drink; the same thing usually occurred after taking plums, but was not the case after eating other sweet fruits. Stool mostly every day. 5/12, Nux vom. daily.—Dec. 7th, spasm in the stomach in the afternoon, but at other times even cold water no longer produced spasm. The monthly period had lasted the whole week, it had stopped one day but returned again; this was followed by an acrid leucorrhœa day and night. Cont.—19/12. The 18th, after eating preserved plums, spasm of the stomach; no other attack;

leucorrhœa diminished. Idem. — 27/12, the 20th and 22nd, spasm of the stomach. Idem. — 3/1, 1841, the last day of December after eating, an attack of spasm in the stomach, with vomiting of a sour fluid. Sulphur every forty-eight hours.—8/1, no attack; since the third the leucorrhœa has been more severe, when the menses should have appeared. Idem.—15/1, the 9th, 12th, and 13th, attacks of spasm; that on the 12th was the most severe. The menses have not appeared, but the leucorrhœa has increased; the two last days however it has ceased. After eating fruit, such as apples, another attack of spasm. Pulsatilla.—21/1, no attack; leucorrhœa has returned; appetite good. Idem.—26/1, the 22nd and to-day about three o'clock in the afternoon, another attack of the contractive sensation up to the throat. Sulphur 60.—8/2, no attack of spasm of the stomach; the next occurred on the 14th, with flow of water into the mouth. Nux vom.—4/3, two attacks to-day; for many days there has been a feeling of something alive in the inside; trembling. Sulphur.—12/3, palpitation of the heart, and ebullition internally. Idem.—20/3, yesterday the menses returned, and rather abundant. Idem.—30/3, the menses have lasted several days, followed by leucorrhœa; no spasm of the stomach.—8/4, yesterday afternoon there occurred, on walking, a spasm of the stomach with heaving and flow of water to the mouth, a species of waterbrash. The pain of the stomach consists now only of a pricking; she had again eaten fruit. Silicea.—18/4, the menses returned on the 14th, thus two days sooner than they should do; no waterbrash. Idem.—25/4, yesterday she had an attack of megrim; itching in the forehead on the right side, followed by a dreadful pain in the head with a banging as if the whole brain would fall out at the forehead; shivering; the head at the same time feels hot; a drawing pressive pain extending from the right eye over the right half of the head to the occiput; vomiting of food; heat in the vertex, and redness of the countenance; she could not bear warm but cold compresses. I now for the first time learnt that she formerly suffered from megrim, which usually disappeared when the stomach became affected. The last year she had been free from megrim until it returned yesterday. Idem. From this period the spasm of the stomach totally

vanished. As the patient had for a long time been using medicine, and as notwithstanding eating fruit and mental disturbance, she no longer suffered from spasm of the stomach, I advised her to abstain from further treatment.

XLIX—Tarek, æt. 40. Complains of burning in the mouth like pepper, especially in the afternoon after eating; nausea in the morning, and want of strength; little thirst; bad appetite; stool hard, every third day; pressure in the stomach and bowels; urine hot. *Mezereum*. The symptoms were removed in eight days.

L.—Schnoh. Complains of pain in the lowest ribs of the right side, extending to the stomach, followed by mucous vomiting; to-day however vomiting of a bitter fluid (he had taken chamomile tea). The region of the stomach is extremely painful on external pressure; lying on the right side gives ease; stools soft. When the pains are very violent the hands and feet become icy cold. Empty eructations during the paroxysms of pain; heartburn after eating; the pain likewise extends to the vertebral column. 15/6, *Bryon*.—16/6, yesterday tolerable, but to-day again in the morning, considerable pains in the right side, with nausea and vomiting. He had no pains in the afternoon, the nausea as well as the vomiting had subsided. *Idem*.—17/6, yesterday, towards evening, the old state again, and to-day, since ten o'clock, there are again nausea, vomiting, and pains on the right in the lowest ribs, and *scrobiculus cordis*. *Opium* $\frac{1}{10}$, 4 doses. Immediately after taking a dose the nausea left, and the pain gradually. There was no return.

LI.—Alexander Schott, æt. 27. Lost his mother two years since, has not been well since that time; had drunk cream, and since then has complained of pressure in the *scrobiculus cordis* after eating; general weakness; trembling, and nausea; stool daily. 23/3, *Nux vom*. Jaundice came on in eight days time. *Mercur*. The jaundice with the other symptoms disappeared in the course of fourteen days.

LII.—Joseph Scheiber, æt. 29. Has had for the last fourteen days, pressure in the throat at the back part (below the glottis behind the uvula); a warm painful sensation frequently extending thence to the abdomen; tongue red; papillæ elevated; painful

sensibility of the tongue towards the edge; empty eructations; pressure in the scrobiculus cordis, increasing after drinking anything cold, and relieved by eating warm food; constipation for some days, preceded by diarrhoea with griping in the abdomen. 11/7, *Nux vom.*—18/7, yesterday a hard stool, to-day two loose evacuations. *Mezereum.*—18/7, pressure decreased; the burning in the throat, especially in the afternoon, still continues. *Euphorbium.*—28/7, the burning in the throat has ceased; likewise the vesicles on the tongue which had developed themselves have disappeared; stool daily; empty eructations. *Nat. mur.*—12/8, what he termed empty eructations proves to be hiccough. *Tabac.* 4 doses. In two days he was relieved of all the symptoms.

LIII.—Johanna Weznicka, has been troubled with a cough for eight days, which is always excited by drinking, it likewise comes on during the night, in the evening and early in the morning with expectoration, and seems to be seated deeply in the chest. She has had for a long time spasm in the stomach; constipation; flow of water into the mouth, worse after eating, with tearing, shooting pains in the temples; the region of the stomach is painful on pressure. 19/9, *Bryonia.*—20/9, better in the night; no cough, except a little early in the morning. *Idem.*—29/9, the pains in the chest have stopped; cough easy with expectoration; much mucus in the mouth.—3/10, the complaints of the chest have ceased; spasm of the stomach with constipation; in the morning heat in the head and burning in the eyes. *Nux vomica.*—9/10, daily evacuation of the bowels; the other symptoms much milder. *Idem.* Recovery in a short time.

LIV.—Tumova, æt. 28. She used to be regular, but the menses did not appear at the last month. For eight weeks she has complained of fulness and pressure in the region of the stomach; cannot eat anything; on taking a deep inspiration she has a pressure in the scrobiculus cordis over the chest; stool hard but every day; the pressure extends to the back; sleepiness almost amounting to sopor. *Nux vomica* removed the complaint in fourteen days.

LV.—Barcelowa, æt. 28. She is quite regular, has been ill

a year. Pressure and burning in the region of the stomach, worse after eating; disagreeable taste in the mouth; white tongue; heartburn; flow of water into the mouth; stool daily; pain in the temples and the vertex; the scalp painful to the touch; impending vertigo. 11/5, Nux vom.—17/5, trembling in the scrobiculus cordis, most violent on the 14th. Idem. Cured in three weeks.

LVI.—Barbara Wachowa, æt. 38, had the itch when a child, married when 18 years of age. Was irregular in the first year of her marriage; since that time menstruation has been attended with pain. Nine years ago she had vomiting of blood, and for eight years she has suffered from pains in the stomach resembling ulceration. For several years the pain has been extending; it now reaches over the whole of the abdomen and to the sacrum; under the false rib of the left side there is a stitch-like pain. This last is also painful on external pressure. Her breath is burning, that is to say she has a sensation of burning coming upwards with the throat. With retching, pressure and eructation, a little water is ejected. After the abdominal pain she has headache, a kind of tearing in the forehead. Stool sometimes daily, sometimes every 48 hours, always accompanied with abdominal pain. Pain both before and after menstruation, which takes place every four weeks with pain. 6/7, Sulphur 60 every third day. She had a dry cough which has again left her, otherwise no improvement. After a month Carb. veg. 15 every third day. Cured in quarter of a year.

LVII.—Maria Zimmerman, æt. 37, married but childless; menses scanty, attended with pain. For many years she has had spasms of the stomach. About three o'clock in the afternoon she has a pressure, and a pressing together, at the same time a trembling of the whole body, and debility with formication in the limbs. The region of the stomach so swollen that she is obliged to loosen her clothes; nausea and a great flow of saliva to the mouth. As soon as the spasm in the stomach has ceased, the pain passes to the short ribs, thence to the abdomen, causing a pain like that usually preceding diarrhoea; finally it passes to between the shoulder blades with heart-burn

and a feeling of a lump in the throat. It is worse after acid or flatulent food. Stool every second day. Urine pale. 24/1, Nux vom. Striking improvement in a couple of days, and at the end of March complete recovery.

LVIII.—W., Amelia, æt. 40, married but childless, was attacked with spasm of the stomach, owing to taking an ice in the height of summer. Many remedies were used in vain. At last she wrote to me from the country :—

“ Dear Dr.

“ My stomach complaint has become much worse than ever. On Monday evening I ate a small piece of stewed veal, and in the sauce were chopped mushrooms, and although I took very great care not to eat them, a piece may very possibly have slipped in. About two hours after I felt an extraordinary distension of the stomach and abdomen ; I thought however that it would yield and laid myself down. After midnight I awoke with a very severe drawing pain around the navel and in the sacrum, soon after violent vomiting ensued, without great nausea. This was repeated five times in the space of a quarter or half an hour. The pain around the navel and in the sacrum remained the same, the nausea however was much worse, and there was constant burning of the soles of the feet. I laid horse-radish on the stomach which relieved the sickness, and my bowels were relaxed five times ; during the whole of the disorder I had frequent cramps in both calves of the legs. An extraordinary weakness and feeling of nausea on sitting up obliged me to keep my bed on Thursday. Since yesterday I have been again up, but the old pressure of the stomach plagues me again when I eat, however little or light it may be.

Yours &c.———”

The pressure of the stomach was limited to a space which could be covered with the end of the thumb, and from thence the pain spread out in all directions. Argent. nitr., 1 trit. removed the complaint.

LIX.—W., æt. 21. A blond with blue eyes, menstruated for the first time in her fourteenth year and continued to do at regular periods without any pain for about half-a-year, when an eruption broke out on the face, and more particularly on the forehead. The periods then only lasted at the utmost for two

days, pale and attended by headache; a sensation of pressure in the forehead and temples; vertigo with obscuration of the sight. She also complains of an insupportable offensive odour of the mouth; pressure of the stomach, especially in the morning; eructations either with the taste of the food she has taken or of bad eggs; stool every two or three days. In the previous year she had frequent vomiting even to fainting; she can only sleep on her back. 14/7, *Nux vom.*—6/8, the menses reappeared on the right day although scanty, yet accompanied with a most offensive odour of the mouth, which is imparted to the atmosphere around. *Pulsatilla.*—4/9, the menses returned without pain; the odour of the mouth only lasted two days. *Pulsatilla.*—2/10, the menses returned at the right time without any disorder; the eruption at the same time was worse. Sulphur 30, and then Aurum 1st triturat. removed all disorder in three or four months.

LX.—Türk, æt. 26, had only been a short time married. The menses had not appeared at the last period, and as the sequel proved from very good causes. Three weeks before she had eaten strawberries; vomiting ensued, and since that time she has had pressure of the stomach, and on walking a shaking in the stomach as if it contained a fluid; loss of appetite; no thirst; aversion to food, especially meat and bread; shivering; stool firm; sleeps well. 19/7, *Nux vom.*—25/7, appetite is returning; seldom any pressure of the stomach; eructations. *Idem.*—28/7 the same state. *Sepia.* Soon after she was quite well.

LXI.—Suchanokwa, æt. 36. Six years ago she had a fall when she received a severe blow on the stomach followed by swelling. After a time coagulated blood was once ejected. After eating she complains of pressure in the stomach with flow of water into the mouth, when there is a remission of the pain in the stomach. The pain extends to the vertebral column. The pain is most violent at ten o'clock in the morning and at six o'clock in the evening, when the region of the stomach becomes very much swollen and she is obliged to loosen her clothes. Stool hard, not daily; no thirst; she is quite regular. *Nux vom.* She was cured in about twenty days.

LXII.—Scholtia, æt. 38. Monthly periods always scanty; suffers from pains in the stomach, with vomiting of curdled dark red masses (dissolved blood) accompanied with burning and pressure in the chest and scrobiculus cordis. 7/9, 1847, Nux vom. —The 10/10, has complained again during the night. In the year 1848, 8/5, she again suffered from the same complaints, which were readily removed by Nux vom.

LXIII.—Miss v.R., æt. 20. Menses appeared late, are pale and scanty; has had a great deal of trouble and vexation. Her throat seems to her swollen; frequent attempts to clear the throat; swelling of the scrobiculus cordis, with hardness extending more to the right side (left lobe of the liver); appetite good, often hungry, she eats and drinks a great deal; is obliged to loosen all her clothes after eating, for the region of the stomach is then swollen up; she cannot lie on the left side because the heart and stomach are pressed together; stool firm; she passes but little urine during the night, but often a large quantity after eating; if she refrains from passing her water she has immediately cutting pains in the abdomen, which extend even to the tongue and the limbs. After speaking and motion she has a soreness of the chest. Pulsatilla used for a considerable time restored her to health.

LXIV.—Rac, Rosalie, has miscarried ten weeks since. For four weeks she has had a shooting, pressing pain and a feeling of weight in the left side under the lowest ribs (percussion yields the proper sounds). She has rarely at night any palpitation of the heart; when lying on the left side there is a purring sound in the left hypochondrium as well as in the abdomen. More thirst than appetite, the latter she has almost entirely lost; very frequent nausea; evacuation of the bowels daily. The shooting pain sometimes extends to the back, thence along the ribs to the left side, worse when walking or making a false step. 4/12, Pulsatilla. After this the menses appeared; otherwise much the same.—9/12, the pain, that is, the stitches extend upward to the external part of the chest on the left side. Arnica.—12/12, much the same. China.—15/12, the pain occurs less frequently and is not so severe. Idem.—18/12, the stitches have ceased,

but she has still pressure of the stomach at night. Ignat. In a week she was quite well.

LXV.—Petrac, Rosalia, æt. 42.. Complains of having, towards five o'clock in the evening, a feeling of weight in the stomach; rush of blood to the head, relieved by empty rarely acid eructations; ulcerations of the mucous membrane of the mouth lining the cheeks; tongue white; hawking of mucus in the morning; desire for cold things; after eating, for example apples, there is a drawing down of the stomach; frequent passing of urine of a white colour; perspiration for the last three days; she is compelled to take deep inspirations; stool every second day. 10/11, Magn. mur.—14/10, when at rest she has a trembling of the stomach, otherwise she was better until 80/11. Yesterday she had diarrhoea twice; much perspiration; coldness of the feet. Arsenic.—23/12, the perspiration of the armpits colours the linen red, like the washings of meat. Nux mosch.—2/1, 1850, meat does not agree with her, farinaceous food does so better. Magn. mur.—22/1, she now complains only of the hawking of mucus from the stomach. Natr. mur. The complaint was removed in a short time.

LXVI.—Pokorny, Anna, æt. 20. Has suffered for many years from hiccough, frequently causing vomiting; the region of the stomach painful, especially on external pressure. 2/11, Magn. mur. Immediate improvement.—20/11, the 15th and 18th there was severe hiccough with an acid bitter vomiting. Idem.—13/12, the hiccough comes rarely. Idem. By the end of December she had lost every trace of the complaint.

LXVII.—Maloch, æt. 30, lithographer. Has suffered from vertigo the last eight days, he is obliged to steady himself carefully in order not to fall; objects seem to move around him; he is worse in the evening, but better in the open air; pressure of the stomach; stool daily. Nux. vom. removed the complaint.

LXVIII.—L., æt. 34, has had eight children; in each pregnancy she has had pains in the right inguinal region as if it were pressed in, especially on lying down, but better when lying on the left side. She nursed six children but not the two last, because she had pain in the breasts, and it seemed as if the child were drawing blood, and then arose the pain in the sto-

mach, from which, with few remissions, she has suffered ever since. Water causes pressure of the stomach, and loud speaking brings on pain in the chest. Burning in the chest more in the region of the heart. In the left side, below the armpit, she has the sensation of cold water being poured over the part. Besides the burning, when she has suffered for some time, she has likewise palpitation of the heart; pressure in the region of the heart; on lying down in the evening she has the feeling of a hoop round the hypochondria; for some days she has had diarrhoea twice a day, hence she is very weak. Arsenicum effected a cure in three weeks.

LXIX.—Edward Bergmann, has had for four days pain of the stomach and pressure; cannot draw a deep breath day and night; loss of appetite; no thirst; continual coldness; urine high coloured; stool every second day. Aconite then *Nux vom.*

LXX.—Josepha Kreh, æt. 31, married, has for eight days complained of pressure of the stomach after eating with loss of breath; she has trembling in the chest; great flow of water to the mouth. She is of a yellowish colour both on the chest and countenance. Stool every second or third day; for three days she has been troubled with nausea. *Nux vom.* There was improvement in eight days, and she was cured in the second week.

LXXI.—Hegewald, æt. 38, married, has had several children; catamenia profuse, last more than eight days with sufferings: such as pains in the abdomen; tearing in the legs and swelling of the feet. Unwell for six months; for a fortnight daily attacked, especially towards evening, with palpitation; ebullition towards the head; chills and heat; sleeplessness; faint sickness; dryness of mouth; tongue rather white, but moist; *cannot bear anything tight over the stomach*, it gives so much pain; bowels regular; urine hot with an acrid smell, forms a red rim round the utensil. If the attack does not come on in the evening, it comes in the night, with anxiety, heat and weariness of the limbs. *Aconite*. In fourteen days no trace of the malady.

LXXII.—Baierle, 42 years old, tailor, has suffered from open piles for three weeks; diarrhoea from six to eight times a

day, watery, before the stool rumbling in the bowels; after frequent evacuations burning in the rectum; on the left side at the false ribs pains; *after eating and drinking pressure in the stomach and nausea*; tongue furred white; mouth slimy, he must spit much. Cough with expectoration for years. *Arsenic* for six days, then *phosphorus* removed the affection.

LXXIII.—M., a girl of 18 years of age; catamenia since half-a-year only. *Pressure in the stomach day and night*; can partake of nothing; the pain is out-pressing; the stomachic region swollen; much thirst; no appetite; coldness; at night perspiration; yellowness of the face, especially about the mouth. *Aconite* for three days, thereafter appetite, but only for dry bread. *Ignatia*.

LXXIV.—Anna Lamel, 24, catamenia regular. After washing the floor, for eight days pressure in the scrobiculus after eating, afterwards she becomes sick, water runs into her mouth, followed by vomiting of mucus and ingesta. Dry cough; hoarseness; short breath; constipation; heat; headache from the crown to the forehead; on walking, shooting in the left side of the chest; on taking a full breath, pressure in the scrobiculus; urine cloudy and red. *Aconite* removed the heat, headache, and pain in the chest; *Anmon.* the stomachic affection.

LXXV.—Kalas, æt. 30. Superficial ulcer on the inside of the upper lip, painful when he drinks cold fluids; pain in throat on swallowing; pressure at stomach more to the right side, worse on pressing on it; swelling perceptible to the right of the linea alba above the navel, causing dulness of the percussion sound; scales on the head and then falling out of the hair. *Nux vom.* 100. After a considerable time eruption over the whole body like dry itch, smarting, burning, after scratching; in the night perspirations. *Sulphur* 100. After two months, disappearance of the eruption, the stomachic ailment, and the hepatic swelling.

LXXVI.—Joseph Kaiser, æt. 57. Pressure on the chest and pit of stomach; disagreeable taste in the mouth and of the spittle in the morning; the pains come on by fits with much yawning several times a day; often better after eating. Only yesterday diarrhoea with tenesmus. *Nux vomica*.

LXXVII.—Kohle, æt. 58, complains of nocturnal heat; much thirst, and desire for beer; at the same time *pressure in stomach*; urine like beer; no alvine evacuation. *Bryonia* did no good. *Aconite*. Heat at night with perspiration; thirst; appetite for sour things; no stool. *Sulphur*. Thereupon much perspiration; consistent stool with passage of blood; urine yellow with sediment. Cured in a fortnight.

LXXVIII.—K., a woman aged 30, mother of one child, ill since September last year. Consequent on a chill during a journey on foot, *pain in the scrobiculus*, sometimes pressure, sometimes shooting, frequently burning in the belly; shooting alternately in the chest and the scapulæ; vomiting of sour mucus, chiefly in the evening, frequently preceded for several days by griping; sour taste especially after breakfast; appetite bad; adipsia; tongue in the morning furred white; constipation; last winter bleeding piles; menses scanty but too soon; sleep bad, generally wakeful at night; now when she lies down she has shooting in the chest; better in the forenoon than towards evening. *Nux vom.* was almost the sole remedy used, and it removed the disease in the course of three months.

LXXIX.—Chudola, cook, æt. 31. Menses scanty, not always once in four weeks; since winter pains in the scrobiculus and chest, and shooting in the left hypochonder, followed by vomiting; bellyache about the navel; stool hard. *Nux vom.*

LXXX.—Kusebauch, an old emaciated musician, whom I had often treated for spitting of blood, complains of the following state with which he is frequently afflicted, as he takes his food at a tavern: want of appetite; the food has no taste; bad smell from the mouth after drinking water, but especially after eating; flow of water into the mouth with twisting sensation in the bowels, or heartburn after eating; but when he drinks waterbrash ensues; seldom vomiting; beer tastes salt; everything he eats aggravates the pressure in the stomach; stools scanty every two days with mucus; yesterday again *spitting of blood*, which forced him to seek my advice. Potatoes are sure to bring on waterbrash. *Nux vom.* always removed these symptoms in a fortnight. But as, on account of his poverty,

he could not avoid the exciting cause, he at last died of tuberculous disease in the hospital.

LXXXI.—Mary Hellmann, 23, brunette, black hair, had an affection of the stomach for three months. Formerly she generally had after eating, distension followed by contraction of the stomach, now she has more of a sensation of soreness, extending into the abdomen and not relieved by bending forwards. When the fit is over she sneezes and yawns; very sour taste in the mouth, like vinegar, but the food does not taste sour, it is tasteless, but after eating the taste in the mouth is particularly sour. Eructations with taste of food, even in the morning, taste of what she has eaten the previous evening; headache on going up stairs, throbbing; bowels regular and natural; menses four days too soon, but scanty, lasting only two or three days; great sleepiness by day and in the evening. *Nux vom.* removed this affection in a fortnight.

LXXXII.—Herm, ill since December 1844. Blond hair, pale face; she feels a swelling in the left hypochonder; on percussion the pit of the stomach sounds dull—this sound has nothing to do with the spleen; vomiting of mucus like warm water in the afternoon or towards evening, preceding the pressure in the stomach and nausea; burning in the scrobiculus; cannot lie easily on either side, that posture brings on palpitation; cannot stretch herself without becoming sick; pressive headache in the forehead, pressing upon the eyes; bowels regular; menses scanty and irregular, not at all the last seven weeks. 28/4. 1844, *Pulsatilla*.—6/5, daily vomiting of watery fluid like warm water, generally with, seldom without nausea; palpitation at night. *Sulphur* 100.—19/5, all went on well until after a violent mental emotion, she again had nausea; pressure on the stomach; the last few days even vomiting of mucus, and latterly of ingesta. Yesterday she was better, to-day also she feels pretty well. *Sacch.*—2/6, yesterday vomited for the first time always *when she walks*, whereby her sufferings are increased, the matter ejected is tasteless; she has to-day again pressure in the scrobiculus, and commotion in the stomach, followed by ejection of water. *Natr. mur.* 100.—10/6, has vomited every day. *Pulsatilla*.—6/7, the vomiting

has ceased since the 2nd, since then she has had no return of it; the menses returned eight days ago. *Idem.*—13/7, vomited on the 9th only water; on the 10th towards evening she had frontal headache; nausea; palpitation; stomach-ache; frequent bulimy; and if she eats anything she has vomiting of water. *Idem.* From this time forward the vomiting became rarer, its character became again that of waterbrash; the menses became regular. *Silicea* removed the waterbrash. It was remarkable that the vomiting occurred generally on a Friday—it is a popular belief among us that waterbrash generally comes on Fridays—and yet no fish was eaten on that day, because it was too dear. I learned accidentally that my patient had a sweetheart who took her every Thursday to a party—*hinc ille lachrymæ!*

LXXXIII.—Rosalie Herzog, æt. 25, had a week ago a great deal of distress on account of the death of a friend. Contraction at the heart with anxiety; lachrymose humour; loss of appetite; stomachache; palpitation in church; towards evening crampy feeling in the heart followed by palpitation; this morning, rigor; bowels regular; menses four days ago, more profuse than usual; sleepiness, a kind of weakness in the eyes. A few doses of *ignatia* sufficed to remove the complaint.

LXXXIV.—Hendrichowa, 42 years old, had three months ago a mental shock, since then fears to be left alone; she was in the hospital. Since then the menses, formerly regular, had not appeared, appetite only for milk; in the morning she is as if stupified; starting in her sleep; nocturnal perspiration; pain in the pit of the stomach when pressed or touched; frequent risings in the throat and feeling as if she would be choked. Besides this, attacks of roaring in the ears; shooting headache, from the crown to the poll, along with rigor; inclination to sleep; fear of knives and the like, in case she should kill herself or others. The attack commences with palpitation, the fever rises up to her brain, she is a prey to anxiety; thoughts distracted; heat breaks out, and yawning closes the scene. 27/1. *Bellad.*—3/2, the same state. *Stram.*—10/2, headache; palpitation; diarrhœa. *Veratrum.*—13/2, sleeps better; appetite for sour things; no stool to-day. *Idem.*—16/2, another attack,

she had one while the bowels were relaxed. *Nux vom.* In a fortnight she was quite well.

LXXXV.—Chadova, æt. 21, has had two children, is again in the second month of pregnancy. Nausea in the morning; vomiting of water and mucus, green, salt, at last bitter; often total loss of appetite for several days; heaviness after eating; bowels regular. *Nux vom.*

LXXXVI.—B., locksmith, above 40 years old. No motion of the bowels without an electuary; no appetite, still food has the right taste; eructations with the taste of the ingesta; pressure in the stomach when it is empty; soreness of the abdomen; the weight of the bedclothes even oppresses him at night; pain in the small of the back; once a year bleeding piles; ringing in the ears; tongue furred white. 7/1, *Nux vom.*—22/1, bowels open but with difficulty; great heaviness in the abdomen; pain in the bowels on pressing them strongly; noise in the ears; semilateral perspiration towards morning. *Pulsatilla* completely restored him by the middle of February.

LXXXVII.—O., æt. 30, had suffered several times from syphilis, and tried every method of treatment; for a short time he has suffered from the following ailments: sleeplessness at night; anxiety after midnight, from two to six o'clock; palpitation; in the scrobiculus a trembling shooting with nausea; pale face; frequent shooting through all the stomach up to the œsophagus and to the chest; when his stomach is empty, especially towards evening, a rising like a ball in the throat; empty eructation; *much saliva*; taste sourish, insipid, with clean tongue; motions generally hard, and when he emits flatus there frequently come along with it fæces and urine; contraction in the iliac regions; frequent rigors followed by heat. 12/12, *aconite* removed the fever and partially the shooting, the other ailments yielded to the alternate employment of *nux vom.* and *asafoetida*.

LXXXVIII.—Experience has often led me to conclude, that it is better never to despair, even when other physicians have clearly demonstrated, by percussion, considerable organic changes. It almost appears to me more advisable not to suspect the internal alteration; one may be fully convinced that

there exists a suspicious alteration of structure about the pylorus; it very rarely happens that the morsel of knowledge is kept to oneself, but it is imparted, in confidence to the bystanders, who in their turn inform the patient, and one is ousted out of the saddle by the first amiable, good old woman with her wonderful plaister.

I have had a worthy family under my care for twenty years. With all the members I have managed admirably well, although in a family of ten persons there could not fail to be a selection of disorders; but the mother was the person who gave me most to do. Year after year, every spring and autumn, she was attacked by a kind of gastric fever, which lasted from fourteen to twenty-one days or more, and which would not yield to remedies chosen with the greatest care. I could never form a satisfactory diagnosis, for the patient was so fat, that no physical examination could yield anything important. How often I was on the point of handing over the patient to allopathic hands, for there was no possibility of inducing her to adopt a regular diet; for in accordance with the views of an old physician of her father's—"nulla dies sine alvo deposita"—she would take daily, *bon gré, mal gré, a drastic pill*. As the food she took diminished in quantity, so her anxiety increased; she then began to decrease in size, and partially lost her hearing; became melancholy; finally, when, by the death of her husband, her finances were reduced to nothing, she became extremely ill. Loss of appetite, thirst, liquid stools, in fourteen days brought her to such a state of emaciation, that it became possible to make a strict examination of the abdomen. I was no little alarmed on discovering hard deposits in the abdomen as large as a hen or goose's egg, extending from the pylorus down to the pelvis, as well as over the region of the stomach. The face assumed a dirty, waxy, yellowish, cedematous appearance; cedema of the feet now took place; universal coolness of the skin; constant nausea; finally, vomiting of masses of coagulated blood, like coffee grounds, but almost without any pain in the region of the stomach, only a pressure before each attack of vomiting. Although I had given myself every imaginable trouble to relieve the malady, still none of the remedies em-

ployed were of any service. The nausea became insupportable, lasting without any interruption both day and night; as the oedematous state of the feet continued to increase, and the vital powers were from hour to hour becoming more feeble, relief from the sufferings was alone expected in death. As every kind of drink caused pressure of the stomach, lemonade was ordered, which gave immediate relief; even small pieces of lemon peel held in the mouth rendered any future medicine unnecessary.

How far citric acid may suit the morbid process then taking place, I cannot venture to decide; whether it acted as simile or as contrarium, or as a primary organic remedy, it matters very little; its action was beneficial, and lightened the last span of life both to my patient and myself.

LXXXIX.—In another hopeless case, I became acquainted with a drug universally known, and too frequently used, and on that account despised as a remedy. In September 1851, I was called one evening to a Professor's lady. She had been for the last sixteen years under the care of a well-known and excellent practitioner; this time he was not called in, owing to his great age and distant residence. The patient could no longer submit to the everlasting system of leeching, while the rest of the family were successfully treated homœopathically. I found an emaciated female, advanced in years. She turned herself on the sofa, and complained of violent spasmodic pains in the region of the stomach, with burning and shooting; lumpy distension of the abdomen, with flatulence; a rumbling in the course of the colon, with rare discharge of flatus, yielding relief. Stools unfrequent. Although empty eructations were frequent, still there was neither nausea nor vomiting. An abdominal examination shewed, a small liver, spleen usual size, but a stomach unusually dilated, and extending into the intestinal region; an immovable tumour of large size, hard and painful, was detected between the umbilicus and the ribs of the right side. The paroxysms of pain mostly occurred in the night. Her father, I was told, had had a nævus on the face, on which a ligature had been repeatedly applied, which caused it to fall off, but it always grew afresh; at last it formed an

ther, which spread very much; hectic fever set in, and he died. On reviewing this information, as well as the long duration of the malady, sixteen years, I was led to form an unfavourable prognosis. During the summer she had drank a considerable portion of a tumblerful of the mineral water of Kreuzbrunn, which may have been the cause of the disease breaking out with such violence. Chamomilla, Nux vomica, Arsenic, &c., produced some alleviation of the symptoms. After a treatment of four or five months, I began to console the patient with the approach of summer, as may have been done by many of my colleagues. A physician of celebrity was consulted, and a dozen drops of Aqua laurocer. with Morphia were prescribed several times a day. To restore the sinking patient Bavarian beer and strong nourishment were ordered. I may here remark in passing, that in these parts, there is a set of physiological physicians who prescribe extremely few medicines; such as, 1. Bavarian beer; 2. Vapour baths; 3. Aqua laurocer.; 4. Morphia; with the strongest kinds of food.

As I had to attend to some of the other members of the family, I had abundant opportunity of watching the progress of the case. At first the above-mentioned remedies relieved the paroxysms of pain, and the attendants began to congratulate each other; it even appeared to myself that Aqua laurocer. might perhaps be indicated, at least the symptoms 380-1-2-3-6, 390-1-2-3-4-5-6, 399, 400-2, 405-7-11, 415-17, &c.—the stitch symptoms in the region of the lower ribs on the right side, 450, 455-4—eructations,—may have justified their choice. The scene however soon changed. The patient partook of nourishment for three or four days, when the abdomen began to swell, became hard; no evacuation; the intestines became distended with flatus, which was discharged at rare intervals; constant insupportable stitches; a rumbling like the sound of heavy waggons passing over the pavement. Nausea supervened, and an enormous quantity of the contents of the stomach was discharged by vomiting, lasting frequently twenty-four hours, reducing the patient to such a degree, that, with justice, doubt was entertained of her recovery, for the vomiting was always renewed in a few days, as soon as the stomach was re-filled with

food. Notwithstanding the use of clysters, an evacuation could not be produced. The patient resolved upon following my advice; the medicines were set aside, and she determined upon taking food easy of digestion, such as milk and fowl, and that only in small quantity; she removed to a cottage in the garden, and waited to see what time would do for her. A lumpy stool, with a discharge of flatus, resulted from the use of a clyster, and the vomiting was not so frequent; but the vital powers were visibly declining. She was emaciated; a very skeleton. I was one day shewn a receipt, which was reported to have done wonders in such cases, and was asked whether I thought it advisable to use the remedy. It was *Magister. Bismuthi*, in a moderate dose; a remedy which I had never used. The effect was astonishing. From the day of taking it, the symptoms became milder. The vomiting much less frequent; the appetite improved; and the bowels were moved by clysters; each natural and well formed stool, however, was followed by great weakness, almost to fainting, from which it took a long time to recover. After the Bismuth had been taken thrice daily for six weeks, a powder was given every night, and an ordinary diet was taken, the patient recovering so far as to be able to attend to her domestic affairs. She subsequently however allowed herself to be fooled by her former medical attendant, who persuaded her to discontinue the Bismuth, as it was a remedy which could in no way relieve spasm, and resume the *Morphium*; she however paid dear for her folly, and again returned to Bismuth, taking $\frac{1}{4}$ -gr. for a dose.

It is beyond all doubt, that in this case there was *scirrhus* of the pylorus, causing a contraction of that outlet, and an immense dilatation of the stomach; all the symptoms seem naturally to indicate such a change. The small stools that were daily produced, seem to favour the possibility of dilating the contracted pylorus and adjacent intestine.

It is with real pain that I reflect that I shall again ere long meet with a similar case. I have now under treatment a patient *æt.* 50, a mother of four children, who has from her childhood suffered from *megrim* and empty eructations, often loud belchings, especially in the morning and forenoon, excited by motion,

but relieved by rest and eating. All the so-called aperients only rendered her condition worse,—the Marienbad, Karlsbad waters were of no use; but not to use the baths when in the neighbourhood, would have been unpardonable, sinful, even should they do her an injury. *Thermæ sunt solum prophetae in patria.* In this patient mineral waters seemed naturally indicated; for she never in a state of health had naturally formed stools, they were hard, dry lumps, and she congratulated herself when an evacuation occurred every second or third day. Only when she was ill had she natural stools daily—an observation which I have made on several occasions in other patients. Slight errors of diet, suppressed perspiration, mental emotion, especially of a depressive nature, affected her appetite; the tongue got white, papillæ red and elevated; slight thirst; no fetid odour of mouth; no eructations; no precordial pains; constipation if no diarrhoea; urine yellow colour, thick, depositing at the end of the second week a white chalky sediment; moderate fever, the pulse never exceeding 100; remarkable coolness of the skin; in the second week general perspiration with deposit in the urine; remarkable sadness; lachrymose humour; anxiety about her family, patient and submissive to her lot. During such a feverish condition she did not suffer from megrim; I first thought I had to treat a case of typhus fever in its earliest stage. At first I tried a number of remedies;—Arsenicum in the course of fourteen days removed the disease; it was, however, some time before she regained her former strength. The thin walls of the abdomen rendered it easy to examine the internal changes: there was a long, hard, immovable tumour on the right side of the umbilicus, from which extending into the left hypochondrium, and excessively distended stomach; the other organs shewed nothing abnormal, excepting that the liver appeared to be small. In all probability the tumour is formed by the pyloric extremity of the stomach, thickened by scirrhus depositions, dragged down by its own weight and there adherent; the resulting dilatation of the stomach admits of no doubt. Veratrum set a limit to the belching. As long as fever was absent she could not dispense with her coffee.

XC.—Mrs. N., æt. 26, has been married five years, had one

child and miscarried once. In her eighteenth year a steatomatous tumour was removed from the vicinity of the right clavicle. In a few years she remarked that it was beginning to grow again. A soft cord-like swelling extends from the right shoulder over the clavicle, spreading out in large knots in the right breast, making the latter considerably larger than the left one. In addition she had tape-worm, which she passed in small pieces, but which usually required the help of a drastic purgative. In August 1851, this restless inmate was got rid of, when the patient applied to me with her complaint. She had headache, a pain in the forehead; thirst; nausea mostly in the morning, which seemed to come from the umbilicus, with vomiting of a green sour mucus. She took *Nux vom.* for five weeks which restored her to health. For half-a-year she enjoyed undisturbed good health, until May 1852, when her old condition returned. Vomiting of grass-green enormous masses of mucus; constant retching; pressure as of a stone in the region of the stomach, which nevertheless was not sensitive to external pressure; indescribable nausea coming from the umbilicus, attended with so much uneasiness that she could not remain in one position a minute night and day, was like a mad person in bed, wept and howled; entire loss of appetite; sour taste with white tongue; thirst; longing after beer which could scarcely be kept from her; as soon as water reached the stomach it was rejected; the abdomen was not swollen; constipation; no fæcal masses could be discovered through the abdominal coverings; urine abundant, pale. Supposing there had been some error in diet, *Ipecac.* was given without benefit; *Arsen.*, *Veratr.*, *Nux vom.*, *Tabac.*, in short, nothing was of service: the same agreeable condition lasted for fourteen days when it ceased. It must however be mentioned, that on the third and fourth day she had a natural stool without any trace of tape-worm; the second week she had an irresistible desire to go out as the weather was fine;—her condition became improved by motion in the open air. In six weeks time the same scene recurred, but on this occasion the patient was only confined to bed a week; but in fourteen days the same comedy was repeated, this time both her attendants and myself had enough of it. I was obliged to manage by words what medicine failed to do. In

despair I searched every where for a remedy or for a similar case; at last I discovered a case which had occurred some fifteen years since in my own house. A robust old woman suffered from violent vomiting of large frothy, rarely greenish, masses of mucus, with horrible nausea and pressure of the stomach, constipation, &c. As she could not, on account of her menial position, have any attendance in the house, as her disease lasted quite long enough for herself and her attendants, and as some other physicians were of opinion that she had cancer of the stomach, I advised her to go into the hospital. At her request some remedies were tried for a couple of days, of course, without effect; I at last gave her Opium, 1 dil. how often, I do not remember. The vomiting stopped directly, and the old woman soon recovered. She now sits over the way in the Dominican church, and earns a good living as candle woman. This case occurred to me, and I quickly supplied the patient with an old preparation of Opium, $\frac{1}{10}$ th in powder, leaving some more powders with her, one to be taken hourly. In three or four hours I saw her again, she was seated quietly up in bed, the nausea, vomiting, and pressure in the stomach were entirely gone. I naturally expected to have a warm reception; but the patient only said with the utmost simplicity, "why didn't you give me this powder before, I should not then have suffered so much." The Opium was repeated at lengthened intervals, and the patient, after she had in some measure recovered, had a good appetite, bowels regular, and again slept, was sent into the country. As to the fees—nothing; all the thanks I got was the remark that I might have cured her sooner had I been willing! Oh world! Oh work!

Was I justified in selecting Opium? I think so, including the dilution, although it tasted bitter. I am not a child of fortune endowed with the power of blowing or smelling away diseases, and have a great respect for the higher and highest potencies in their proper places. I may refer the reader to the following symptoms: 144, white tongue; 159, great thirst, especially for small-beer; 170, sour taste; 185-199, nausea, severe retching, vain efforts to vomit, vomiting, inclination to vomit when moving, &c., constant vomiting, vomiting of green stuff; 205, 207, 208, pressure of the stomach as of a stone;

immediately after eating heavy pressure in the region of the stomach, relieved by walking; 210, after dinner a heavy pressure over the stomach as if too much or too hard food had been taken, relieved by walking in the open air; 211, 212, 213, pains in the stomach, pressure,—constriction. *Sapienti sat.*

XCI.—I was called in, October 1850, to see K., the wife of an innkeeper, æt. 24, light complexion, married early, and the mother of three boys. Her mother died after her confinement of tubercular disease. Her brother, æt. 20, died of the same disease, as well as a married sister in the spring of 1852. Her last confinement occurred in 1848. In the summer of 1849, while in the country, she was treated for a severe abdominal disease, for which she took Quinine, as the complaint was considered as masked intermittent, since which time she has been ill. Her general appearance betrayed the phthisical habit; she complained of constant pressure in the stomach, more towards the right hypochondrium; every meal increased and renewed the pains; only small quantities of food, such as a cup of warm beef-tea, milk, or a piece of bread relieved or removed the pains. Although the latter did not appear at regular periods, yet they more frequently occurred in the forenoon and after dinner. They did not constantly observe the same direction, rarely extending to the back, but mostly over the half of the sternum, when some oppression of the breathing was sure to take place. Holding herself upright or bending backwards gave decided relief. Physical examination shewed nothing abnormal in the abdominal organs, only a pain on pressing hard in the before mentioned region of the stomach toward the right hypochondrium. Constipation; every third or fourth day a scanty evacuation of hard lumps. The monthly periods had ceased for several months, and were supplied by a mild leucorrhœa. Her figure was formerly plump and round, but now she is somewhat emaciated. She passed whole hours lying on the sofa. It was necessary, the first thing, to form a correct diagnosis, as her friends had no confidence in Homœopathy, and I must be prepared for a consultation if she were not immediately relieved. It was not difficult to diagnose a perforating ulcer towards the lesser curvature of the stomach; it was however not so easy to effect a cure.

I prescribed Kali carb. 24 dil., a dose every 24 hours, by way of experiment, and as no aggravation occurred and there were not any additional symptoms, the remedy was continued daily. As the monthly period reappeared on November 8th, I had no further trouble with the friends. The menses however recurring a few days later at each period, made it necessary for me to use other means when from carelessness or curiosity the patient committed some errors in diet and regimen. She walked slightly clothed to the theatre, although her carriage was at her service. On Sundays and holidays she persisted in eating pastry, to see whether she could do so with impunity; cheese, &c. &c. so that very often another remedy was obliged to be interposed. Notwithstanding these irregularities, by May the patient recovered so much that I had every thing to expect from the fresh air, a comfortable country residence, and the continued use of Kali carb. But now came the battle! Before she could go into the country, it was to be decided whether it would not be better to go to a bathing place, or whether she should not drink a mineral water. The physician who had formerly treated her must pay her a visit, and chose a professor as a colleague. Her friends wanted the old family physician, who had known them before she was born, and I naturally chose one, not a homœopathist—that I dared not do—but a clinical teacher. The latter declared the disease to be a perforating ulcer, but already cicatrising. But when it came to the prescribing, there was no end of hesitation. This was a real treat for me. After three hours wrangling, and each one had made some concession, it was decided in favor of Karlsbad. Happily, I suggested that the season was unfavorable, it was the latter end of May. At last it was agreed upon she should try Schlossbrunn. This proved very interesting to me. The first day, an hour after breakfast, she drank a wineglassful of the water. After dinner she had pain in the head, shootings in the forehead, the head seemed confused, the palms of the hands hot, heat of the face, cheeks red, inclination to stool, the latter hard, followed by pain and burning in the rectum, slept well. The next day she took another glass; she had nausea the whole day, loss of appetite. After dinner she had again shooting pains in the forehead, confusion of the head the whole day; no stool. The

third day she did not take the water. The menses reappeared after having stopped three days. In the morning while fasting she had again spasm of the stomach more than usually violent. Confusion of head ; passed a bad night ; frightful dreams ; persons whom she well knew had become mad, &c. &c. ; she must burn a light. The fourth day she had a glass. Spasm of the stomach in the forenoon, sleepy, confusion of the head, nausea, appetite gone. Stool hard, difficult to be passed. In the afternoon she was free from symptoms. The fifth day drank half a glass. Only confusion of the head ; about half-past 10 o'clock, spasm of the stomach, tears in the eyes, yawning, leucorrhœa.

From this time the patient could not be persuaded, at any price, to continue the use of the water. She left the town to go and live at a country seat, where she passed the summer quite well : she assured me on her return that she was quite free from the spasm of the stomach, but she was obliged to avoid many things, especially bread and butter ; could not however be persuaded to any further continuance of the treatment. No wonder !

ADDITIONAL OBSERVATIONS ON THE NAJA TRIPUDIANS.

BY DR. RUTHERFURD RUSSELL.

(Read before the Annual Congress.)

I TAKE this opportunity of bringing before the notice of my colleagues, a few more observations on the effects of the poison of the *Naja tripudians*, in the hopes that some may be induced to assist in the proving of this substance, by being convinced of two facts—the one that this poison may be swallowed in considerable quantity without any serious danger, and the other, that when so taken it certainly does produce decided symptoms, giving us well grounded confidence that it will prove a most valuable addition to our stock of medicines, when we shall have determined, by a sufficient number of experiments, its total and exact pathogenetic and therapeutic powers.

Before detailing the effects I observed upon myself while taking the poison, I shall mention an experiment I made last summer upon a rabbit, and which I have not yet published.

Our excellent homœopathic chemist in Edinburgh, Mr. Brown, prepared at my request a solution of a grain of the poison in a drachm of olive oil. This was slowly injected into the facial vein of a large male rabbit. I may mention for the guidance of those who undertake similar experiments, that the reason we selected the facial vein was, that a former trial on the jugular vein failed, from the excessive hæmorrhage. The facial vein of the rabbit is large, and there was no difficulty in inserting the nozzle of a small syringe into this vessel. The oil holding the poison in suspension or solution was then slowly forced into the circulation. The operation did not occupy above a minute, and before it was complete the animal was quite dead. On dissection, it was found that the oil had passed freely through the lungs, as it was found in the liver and abdominal vessels, and so it is not probable that it was merely the pressure of the oil in the heart that had caused the death. The heart was found distended in all its cavities with dark blood, as if it had been wholly paralyzed. I do not know the exact value of this experiment, but I think it right to have it on record.

I may also introduce here another case of poisoning from the bite of this snake, which was published last April in the first number of the Glasgow Medical Journal, by Dr. Wm. Chambers, late of Bengal. He says: "On June 25th 1819, at 11 P.M., I heard from the outside of my house at Barrackpore, near Calcutta, a loud call for my immediate attendance. It proved to be from the Colonel, afterwards Genl. Sir Wm. Lumley, whom I found with a lanthorn in his hand, entreating me for God's sake to come with him at once, as his female servant had been bitten by a cobra di capello. I took in my hand a phial of solution of Ammonia, of the usual strength, a case of scalpels, and a large sized elastic gum-made catheter. On arriving at the hut occupied by the poor woman and her husband, I found her stretched outside on the ground, her head resting on her husband's knee. Her body was cold and collapsed; there was

neither breathing nor pulse; her eyes were wide open and insensible to light; the mouth was also wide open; tongue cold; in fact, life to all appearance extinct. How long she had lain in this position could not be ascertained; her husband conjectured an hour at least. On the back of the right hand were discovered two punctures, as if made by a needle, about an inch and a half apart, marking the entrance of the poisonous fangs of the snake [which must have been a large one*]; upon each puncture there was a drop of nearly colourless fluid, without any hæmorrhage, tumefaction, or ecchymosis." The treatment, which consisted in the application of hot bricks to the feet, free incisions into the wound, which was sucked by the husband, and the administration of Ammonia to the amount of an ounce, by means of the catheter passed into the œsophagus, for the power of swallowing was gone, was successful in about half an hour. The woman recovered; the wound healed kindly by granulation. In this case there was probably a large quantity of the poison injected, for it is pretty certain that almost the whole of the contents of the poison bag are injected every time the snake strikes with its fangs. This is well illustrated by the following anecdote related by Mr. Broderip, in his Note Book of a Naturalist (p. 219), of a friend of Mr. Bell, Secretary to the Royal Society. This gentleman had received a rattle-snake from South America, and put into its cage a rat, which the serpent struck, and the rat died in two minutes; a second was then put in, the serpent lay quiet for about half an hour, and then struck the rat, which did not die for twenty minutes; a third very large rat was put in, to try conclusions with the rattle-snake, the reptile did not stir, and they were left to pass the night together. In the morning the serpent was found dead, and the rat had feasted off the flesh of its back.

I shall now proceed to detail the few experiments I have made upon myself with this substance.

January 31st, 1853.—A clear, cold morning, with a north-west wind. In bed at six o'clock in the morning, I took in a little water one grain of the second decimal dilution, *i. e.* $\frac{1}{100000}$ of

* J. R. R.

a grain of the poison. In about six minutes I felt uneasiness of the stomach, which soon passed off. When dozing, I was roused by a sudden sense of choking, a sensation I never experienced in my life before, a sort of grasping of the throat; a few minutes later, felt a sudden jerking of the masseter muscle of the left side. In about three quarters of an hour, had unusual beating of the heart, audible to myself. I rose at seven o'clock, and took a cold bath. No other effect was observed that day.

February 1st.—A clear frosty morning. At seven A. M. took $\frac{1}{100}$ th of a grain of the poison in about an ounce of water. Soon after, felt slight palpitation of the heart, and uneasy dryness of the fauces.

February 2nd.—A clear, cold morning. At six o'clock A. M. I took the 100th of a grain, dry upon the tongue. In about twenty minutes I felt an uneasy constriction or irritation of the larynx, giving rise to a desire to cough without the organic inclination. This returned several times. During the previous day I felt rather dull in spirits, without sufficient cause.

During the day, felt great depression of spirits, and an occasional whizzing sound in one ear (the left), with insipid, almost nauseous taste in mouth. Now and then tearing pain in abdomen.

Feb. 3rd.—A damp, raw, cold morning. At half-past six A. M., I took $\frac{1}{100}$ th of a grain of the poison, dry upon the tongue. Soon felt a sharpish prick in the larynx, with a desire to cough. In about half an hour, a drawing, painful sensation in the right jaw; at the spot of the tongue where the powder fell, there is a sense of rawness as if it would rise to a blister; occasional pains in the bowels throughout the day; very low in spirits.

Feb. 4th.—A snowy morning. At seven A. M., I took $\frac{1}{100}$ th of a grain of the poison. No effect was observed.

Feb. 5th.—A cold morning. At half-past seven, I took $\frac{1}{100}$ th of a grain of the poison, without any effect.

Here I was obliged to desist, by catching cold, which would quite have confused the symptoms.

On the 3rd of May, at half-past six A. M., I took $\frac{1}{100}$ th of a

grain of the poison. Soon afterwards, I felt a griping pain in the left side of the abdomen, for about ten minutes, and a few stitches in the left temporal region.

May 5th, A. M. — I took the same quantity without any appreciable effect.

May 6th.—At half-past six o'clock A. M., I took $\frac{1}{100}$ th of a grain, and the same upon the 7th of May, at the same hour. During both these days, but much more upon the 7th, had considerable pain in the forehead, which woke me at night, and I awoke on the morning of the 8th with this pain. The pain was attended by fluttering of the heart, and was of a dull character, with occasional stitches in the frontal protuberances. The tongue was coated with a thick, yellow fur. The appetite was not affected by it. N.B. The weather was cold and raw, and easterly winds prevailed. This might aggravate the symptoms, but I never recollect having this headache from any atmospheric cause.

May 11th.—I desisted from the medicine from feeling generally unwell. The want of appetite, slight headache, deranged gastric condition, went on without any important change till the 8th, when, as I was walking in the country, I was suddenly seized with a most urgent desire to evacuate the bowels. The matter was of a light colour, and rather watery, and discharged with great force, as if I had taken a powerful cathartic. The following day, I had again a loose stool, with slight pain in abdomen. I had no other stool that day. The following day, I had again a loose stool, with slight pain; also yesterday the diarrhoeic tendency continued, and to-day I still feel uneasy. I felt languid and indifferent during the last few days. N.B. I am not at all subject to diarrhoea, and I had made no alteration in my food, which can in any way account for it.

May 17th.—For two days afterwards I had no motion in the bowels; I felt great languor, and loss of appetite. The two succeeding days, the motions were partly costive, partly loose, and attended with slight pain in the abdomen. I was told that I looked very pale and ill, and I felt 'out of sorts,' without any special complaint. I feel inclined to regard the diarrhoea and costiveness as alternating actions, for on a former occasion it

produced a slight tendency to constipation as its primary effect.

ADDITIONAL OBSERVATIONS OF DR. STOKES.

(Second proving—at Stroud.)

Nov. 14, 1852.—Mixed 6 drops of Cobra 2 in \mathfrak{z} iij of water, and took \mathfrak{z} ss in the forenoon.

15th.—Took two doses. In the evening felt a pain dart from left ilium forwards into abdominal muscles, lasted only a moment. In the right side of chest, felt a dull, warm pricking in a great multitude of points, over the lower half of front, from fifth rib downwards, with heat extending up the bronchi into pharynx; a hard cough came on immediately, lasting for half an hour, ending in expectoration of a little thick mucus (evening). A very peculiar attack.

16th.—*Sadness or serious disposition this day*, and two following ones.

17th.—No symptoms. Took \mathfrak{z} j of medicine.

18th.—Mixed 6 drops of Cobra 3 in \mathfrak{z} vj of water. Took \mathfrak{z} j in the evening, and felt a pricking in stomach soon after.

19th.—Took two doses, of \mathfrak{z} j each. In the evening very chilly from six to eight o'clock; could not stay away from the fire; felt better after that. In the night, uneasiness and pressure in the bladder. *Sadness and irresolution.*

20th.—Pricking pain in the stomach after dinner. Took \mathfrak{z} ij to-day.

21st.—In the evening, *asthmatic constriction of chest for half an hour, ending in mucous expectoration.*

(Third proving—at Liverpool.)

Feb. 24th, 1853.—Olfaction of Tinct. Cobra, 1st dil. Soon afterward, felt a pressure on upper part of right sterno-mastoid muscle, extending over the skin to angle of jaw, for five minutes. In the evening felt melancholy. Began to form images of *possible wrongs and misfortunes, over which the mind broods; very wretched at times.*

25th.—Feeling of large stool in rectum, which when voided was but small. At half-past eleven A. M., took eight globules of 2nd dyn. Very soon after, felt burning of the ears; in the evening while walking, *felt sudden prostration of strength in limbs*, for a quarter of an hour.

26-27th.—Each day twelve globules of 2nd dyn. No symptoms.

28th.—One drop of Cobra 2.

March 1—3rd.—For three days past, has felt a want of something about the præcordia. Several days ago, tried to sing, but had no power to throw out the voice. Yesterday and to-day, is very wretched. A slight cause sets him in a perfect agony of mental suffering on another's behalf; *there is a feeling of depression and lowness about the heart*; mind brooding over imaginary troubles. Craving for stimulants, which *aggravate* the state. Memory confused. Shoots down legs, and tingling in feet. After which, in the evening, he feels more himself, and loses much of his depression.

For several days, itching and irritation in the cicatrix of an old ulcer up to this day, when it ceases.

4th.—Two drops of 2 on tongue. Nothing.

5th.—Three drops of 2 on tongue. Makes himself imaginary troubles and wrongs, and frets over them (2 hours). A small boil-like swelling on back of middle phalanx of right hand little finger; fades in three days.

6th.—Little inclination for sleep last night; the brain appeared irritable. Great desire for and power of walking yesterday; and to-day reaction. For ten minutes in morning *pressure and gagging in throat*, with sad thoughts. Decided pressive pains in left pectoral muscles, for a few minutes, forenoon.

12th.—Yesterday and to-day, the right nostril is extremely sore; feels as if ulcerated. Took six drops of 2 in water. Pressure as from stones in stomach, after each meal; acidity of stomach. Spirits good; disposed for work (reaction). Great hawking of mucus from throat. Good spirits; mind active (reaction).

1st Aug.—The mark of the principal puncture on left upper arm remains livid yet, and looks as if it would long do so.

Rosa.—Nov. 14, 1852.—Took a dose of 2nd dil. (1 drop). Next day a pimple appeared on upper lip. Eyelids puffy, in the morning.

18th.—Pimple on left ala nasi.

20th.—Headache in the morning.

January 17, 1853.—Being in good health, began to take Cobra 4, three globules three times a day. After first dose, felt a dragging and weariness in the limbs while walking, with slight frontal headache, which went off after the second dose.

No more symptoms before the 20th, when the neck and body broke out in small white blisters, on an inflamed base; very itchy; passing off in an hour (afternoon).

27th.—Cobra 6. Took this for a week, as she did the 4th dyn., but there is no effect, save an increased evenness and cheerfulness of temper, and inclination to lie in bed in the morning.

Cobra does good in passive congestion of the palpebral conjunctiva, where the lids look bluish, and are stuck together with gum in the morning.

In dyspepsia, with foul white or yellowish white tongue; rawness of throat; soreness of stomach, or pressive pain.

Relieves dyspnoea and prostration in organic diseases of the heart.

Relieves very soon the dragging and anxiety at præcordia, occurring in great grief; also smarting pains in back from same cause.

PATHOGENETIC AND THERAPEUTIC ACTION OF THE COTYLEDON UMBILICUS,

BY WM. CRAIG, M.D.

(Read before the Northern Medical Homœopathic Association.)

THE *Cotyledon umbilicus* having for some time enjoyed some reputation as an empirical remedy in epilepsy, I was induced to subject it to a pathogenetic enquiry, in order to ascertain to

what extent and under what conditions we might hope to derive assistance from it in that intractable disease.

The *Cotyledon umbilicus* is, in the vernacular tongue, the Wall Penny-wort, so named from the round penny-shape of the leaves, and from its being generally found by old ruins and walls. It is also known as the Venus' Navel-wort, and as such it "prevaileth in all things pertaining to love;" and likewise as Hip-wort, from its efficacy in relieving "sciatica and pains in the hippe." * It is a succulent plant, from six inches to a foot in height; the stem is rounded, and bears a simple raceme of pendulous, cylindrical flowers, of a yellowish-green colour; leaves peltate, crenate, and having a characteristic depression in the centre. The leaves only are used in making the tincture.

The cures of epilepsy in the *Medical Gazette* of 1849, pp. 367—370, p. 858, and in that of 1850, p. 1025, are the only reliable empirical information concerning the virtues of the drug, which I possess; and these cases are reported in such an indefinite manner as only to be valuable as proving the fact that the expressed juice of the leaves has cured some unknown forms of epilepsy.

The provers were eight in all, four male and four female, who made an aggregate of fourteen provings. To these, I have appended a case which appeared to me to present some pathogenetic effects.

William Craig, M.D., æt. 24, temperament sanguine and bilious, general health excellent for years. Six provings.

I. *Proving with the Mother Tincture.*

May 10th and 11th, 1851.—Each day took 5 drops of the mother tincture.

13th.—10 drops. After two hours a tightness and raw sensation about the bifurcation of the bronchi. After three hours a succession of long stitches through the right chest, extending to the shoulder and arm, with coldness of the hands and feet. 3 P.M.—30 drops. Soreness of the skin at the back part of the left thigh. 8 P.M.—15 drops. Shootings from the middle of

* Adam in Eden; or, the Paradise of Plants, chap. ccxxxvii.

the left thigh posteriorly down to the inner ankle ; back part of the pharynx feels as if covered with thick mucus.

14th, 15th, 16th and 17th.—Took each day 20 drops. No new effect ; still the pain in the thigh.

19th.—30 drops. After five hours a very disagreeable nauseating pain in the inner side of the left knee, as after a blow on the knee, extending to the muscles of the thigh.

20th.—Dull pain in the left nipple.

21st.—20 drops. Increase of the last-named pain.

22nd.—No medicine. Pain disappeared.

25th.—50 drops. In half an hour, flushing of the face with confusion in the head ; singing in the left ear ; bubbling sensation in the left vastus internus, continuing for some time. After tea, slight regurgitation, with a dull pushing pain in the region of the spleen, recurring at intervals. At midnight took 20 drops. Recurrence of the pain which had disappeared ; griping in the bowels before falling asleep.

26th.—80 drops. Bubbling in the left thigh returned.

27th, 28th, 29th.—No symptoms.

30th. In the evening, repeated attacks of a kind of palpitation, similar to that felt after quick running, as if the heart beat heavily and with difficulty ; it is accompanied by a dull pain, as from obstruction somewhere, at about an inch to the left of the nipple ; this recurs at intervals, aggravated on stooping and on taking a deep inspiration ; on breathing deeply, there is a dull heavy pain in the middle of the sternum, as if from a blow, passing through to the back ; on swallowing, the morsel seems to pass and press against some swelling in the cardiac region ; pulse 60, natural.

June 1st.—The above symptoms continue to recur during the proving. Bowels more open than usual, stools large, fluid and bilious.

2nd.—Before dinner, a hot pain with anxiety under the left nipple ; occasional palpitations, consisting of three heavy throbs.

4th.—Cardiac symptoms gone. Took 100 drops

5th.—Painful sensitiveness of the skin at the back part of the left thigh, the rubbing of the trousers causes an acute sting like a needle.

7th.—30 drops. No symptoms.

II. *Proving with the First Decimal Dilution.*

June 25th.—15 drops. After a moderate dinner, fulness and pricking at the cardiac extremity of the stomach.

26th.—Great aching of the hip-joints, relieved by moving about ; occasional pushes at the heart.

27th.—Stinging pain under the left gluteus maximus, in the region of the great sciatic nerve ; continual soreness of the hip and thigh posteriorly. Took 20 drops.

28th.—15 drops. Aching across the shins, relieved by motion.

29th.—15 drops. The same symptoms.

30th.—20 drops. Uneasy pricking at the stomach ; extraordinary good spirits and energy.

July 2nd.—The bruised pain across the tibiæ keeps returning ; occasional beating headache over the left eye. Took 10 drops of the mother tincture. Slight general headache with confusion ; dull pain in the left hypochondrium, a long stitch in it on taking a deep breath ; soreness of the epigastrium and borborygmus.

III. *Proving with the Third Centesimal Dilution.*

December 28th, 1851.—While in excellent health, took 10 drops of the mother tincture well shaken in water. In half-an-hour, a dull broad pain from the left nipple to the point of the left scapula, worse on walking ; a jerking stinging in the left radial artery. In the evening a dull pain in the right breast, two inches below the nipple.

January 27th, 1852.—120 drops, third centesimal.

28th.—25 drops. Aching in the muscles of the legs.

29th.—A dull pain in a small spot under the left nipple, while riding.

30th.—25 drops. Slight stinging over the left eye ; tingling, sickly pain down the ulnar side of the forearm ; cold feet, with a dull headache ; aching in the region of the kidneys, with shooting in the right loin.

February 1st.—25 drops. Uneasiness about the heart.

2nd.—25 drops. Long stiches in the loins.

5th.—30 drops. 6th.—25 drops. 7th.—25 drops. 8th.—50 drops.

10th.—Single heavy throbs, quite rhythmical, at half-minute intervals, below the left nipple, after walking smartly.

11th.—25 drops, third centesimal. In an hour, cold feet in a warm room; pain in the right side of the head; shooting pain from behind forward in both sides of the head in the open air; dull stitches under the right scapula, which continue many hours; similar dull stitches at the same time under the left nipple; feet very cold. During the evening, shooting in all directions through the chest, but particularly in the above-mentioned localities.

12th.—3 drops. The stitches in the chest are gone. Slight feeling of heat about the heart; slow drawing over the left eye and in the left occiput. In the evening, shooting in the right posterior and left anterior chest; aching pain in the occiput; acute shootings through the joints of the fingers.

13th.—8 drops.

14th.—3 drops. Awoke with a continuous dull pain above and to the left of the left nipple, worse on inspiration; pain, not constant, toward the right side of the middle of the sternum; these pains, particularly the former, keep recurring without any apparent exciting cause. Sharp headache over the left eye.

15th.—Awoke with pain under the left nipple, which left soon; a peculiar uneasy aching in the thighs, knees, and elbows.

16th.—Aching in all the large joints, especially the shoulders and particularly the right shoulder, inducing constant inclination to stir the limbs; these symptoms disappeared next day. Continual uneasiness, not amounting to pain, in the region of the heart and in the right hypochondrium.

IV. Proving with the Third Centesimal Dilution.

March 1st, 1852.—Took 5 drops.

2nd.—5 drops.

8rd.—Shooting pain over the left eye in the morning. Took 5 drops.

5th.—5 drops. Heavy throbbing at the sternum, coming on particularly on slight exertion.

6th.—5 drops. The same sensation more constant.

7th.—5 drops. Shootings in the phalanges of the fingers.

8th.—5 drops. Throbbing, with pain and soreness at the root of the bronchi, on coughing ; great oppression behind the sternum, on walking ; uneasy fulness in the right chest, with a heavy pain to the right of the lower end of the sternum.

9th.—Head clear on getting up, but toward mid-day it became very obtuse, so that I had to make an effort to collect myself, absence of mind ; dimness of sight, had to rub the eyes frequently.

V. *Proving with the Sixth Dilution.*

July 13th, 1852.—Took 5 drops at 7 A.M. At 9 A.M. a dull headache in front and to the right side, worse on shaking the head. 11 P.M.—Sudden, extremely acute, smarting in the right eye, while reading, soon gone, but leaving a smarting in the external canthus, some redness of the conjunctiva ; after this the headache immediately disappeared. In half-an-hour, the same sensation in the left eye, followed by aching in the right occiput ; slight but distinct aching under the right breast.

14th, 9 A.M.—Took 5 drops. Short lasting stitches under the right breast. 12, noon.—5 drops. 8 P.M.—5 drops. Shootings in the joints of the fingers, and in the left elbow and right knee ; uneasiness in the left and right sides of the chest ; itching in the eyes.

15th.—Awoke with headache in the right half of the brain. 9 A.M.—5 drops. 12, noon.—5 drops. Fulness and itching in the eyes.

16th, 9 A.M.—5 drops. 12, noon.—5 drops.

17th, 9 A.M.—10 drops. General headache in the morning on getting up.

18th, 12 noon.—10 drops.

19th, 9 A.M.—10 drops. Slight dartings over the left eye ; stinging in the upper part of the right eyeball ; stitch in the anterior chest, lasting some minutes, followed by a similar pain

in the left posterior chest 9 P.M.—10 drops. General headache ; aching in the left infra-orbital region.

20th.—Oppression at chest, with difficulty in expanding it ; single heavy throbs at the sternum, on walking. 10 drops, dry on sugar. Drawing pain from the region of the left breast through to the angle of the scapula ; bowels confined three days (secondary) ; shooting and aching in the fingers.

21st, 9 A.M.—Took 5 drops dry. Dull pain, varying in intensity, to the right of the sternum, below the cartilages of the fifth and sixth ribs ; a similar dull pain with external smarting about an inch below the left nipple ; tenderness over a circumference of three or four inches in that locality ; pain and tenderness, on percussion, under the left clavicle. In the evening, aching along the inner border of the right scapula ; pain and stiffness of the right hip, going off after a walk.

22nd.—5 drops, third centesimal, dry. Continual uneasiness in the right and left chest anteriorly.

23rd.—5 drops, third centesimal, dry. Soreness in the right breast on pressure, a continual pain in that region ; constant pain in the left breast, varying in intensity from a dull to an acute pain ; pricking and fulness in the right hypochondrium, after dinner ; difficulty in swallowing, with a sense of fulness in the right side of the pharynx ; uneasiness behind and to the right of the sternum, on swallowing, as from fulness (for five hours). In the evening, rather severe aching in the region of the kidneys, extending round into the abdomen ; increased quantity of clear urine ; belly-ache all evening, increased immediately after eating, even a little bread ; flatus ; knees ache.

24th.—Still pain in the body after eating ; stinging through the right half of the head from before backward.

Medicine discontinued. For a few days the urine continued in increased quantity, and smelled strongly of sweet-briar ; there was a white sediment, not examined. For upwards of a month after the proving there remained a very troublesome palpitation and fulness at the sternum, on walking up hill ; no exertion seemed to induce it so much as this ; it gradually increased for the first fortnight, and afterwards it declined in strength and frequency ; the sensation occurred at intervals of two or three

minutes, and consisted of one or two jumps or rolls of the heart, with occasionally an intermission of the pulse at the wrist. There remained for many weeks a clawing, dragging pain at the heart on riding, relieved by compressing the side firmly.

VI. *Proving with the Mother Tincture.*

July 11th, 1853.—Took 20 drops at 7 A. M.

12th.—40 drops. 13th.—60 drops. 14th.—80 drops.

15th.—100 drops.

16th.—Aching at the heart, lasting some hours; weakness and aching of the limbs; head feels dull; creeping in the flesh, and feeling as before severe cold or rheumatic attack.

17th.—Symptoms gone.

Remarks.—In all this there is very little to indicate the therapeutic applicability of the drug to epilepsy, unless the marked action on the heart, an organ so closely connected with the emotional sphere, the oppression at the chest, fulness in the throat, bubbling in the muscles, and increased quantity of urine, be considered as pointing in that direction. The most prominent and marked symptoms, were those afforded by the heart, and by the muscular and fibrous tissues. The proving, thus far, rather suggested the probable utility of the drug in pain at the heart, and palpitation arising from emotions or violent exertion, particularly quick running; rheumatism affecting the heart; rheumatism of the pectoralis major muscles, particularly the left; and sciatica of the left hip and thigh. Some of the provings were undertaken whilst I was subjected to a considerable amount of bodily fatigue, when it was impossible for me to attend to my sensations, or at least to discriminate them with that nicety which more sedentary habits would have rendered possible. The last proving was rendered almost entirely negative from this cause.

VII. *Proving with the Mother Tincture.*

July 6th, 1852.—F. W. Irvine, M.D. æt. 31, took 30 drops of the mother tincture in water. In a few minutes a dull pain in the right parietal region, which lasted half an hour.

7th.—80 drops in the forenoon, and 40 in the afternoon. The same headache as yesterday; the scalp is slightly tender over the seat of the pain, and remained so for an hour or two after the pain had disappeared. Slight nausea with the headache.

8th.—100 drops in the forenoon. The same symptoms as yesterday.

9th, 11 A. M.—1 drop of the first centesimal. In five minutes slight tingling under the angle of the left scapula, amounting now and then to pricking. This only lasted a few minutes, but when it passed off I immediately felt a pain under the angle of the right scapula, as if produced by the pressure of a blunt point. This pain increased in intensity all day, and spread round to the front, being particularly severe under the left mamma. The pain there and under the angle of the scapula was a constant, dull pressure, but on making any sudden movement of the arm, walking or expiring strongly, it became shooting, and occupied the whole intervening space, appearing to shoot sometimes from the back to the front, sometimes in the opposite direction. By evening, the pain was so great as nearly to prevent my moving about. No tenderness over the seat of the pain. No physical signs. No fever or other symptoms whatever. I slept well, but was observed to groan whenever I turned in bed.

10th.—The pain continued. Had to stay in bed till noon.

11th.—Can scarcely feel the pain at all.

Remarks.—It was the opinion of the prover, that this pain was situated in the pleura.

VIII. *Proving with the First Centesimal Dilution.*

June 10th, 1853.—Margaret D. æt. 15, temperament sanguine, nervous, took 5 drops of the first centesimal dilution night and morning.

11th.—5 drops night and morning. Aching in the left thigh, followed by numbness. Occasionally during the day, had attacks of faintness, with green shadows before the eyes. Considerable oppression at chest, with inclination to sigh. Faint at chest.

12th.—5 drops in the morning. Pain in the left side of the head; aching in the back part of the left thigh, with numbness

of the left knee ; aching in the back, across the loins ; constant oppressed sensation at the sternum, relieved for a little by sighing.

13th.—5 drops in the morning. Darting in the side of the head, aggravated by stooping ; aching in the fleshy part of the arms and in the thighs.

14th.—5 drops. Darting pain for some time in the left breast. Aching in the large joints, particularly the right shoulder.

15th.—5 drops. Aching in the back and down the posterior part of the right thigh ; after taking the medicine she feels lost ; cannot collect herself ; forgets what she is doing and saying ; difficulty in expressing herself.

16th.—Aching in the left thigh posteriorly.

17th, 18th, and 19th.—Took 5 drops. The symptoms during these and for some days after the proving were : Uneasy aching in the shoulders, elbows and knees, with numbness of the latter ; also a similar aching in the thick of the arms, and down the back part of the right thigh. During the proving, the bowels were occasionally loose ; the stools large and without pain.

Remarks.—The lost, confused feeling is the only symptom here that would find a place in the picture of epilepsy. The numb-aching in the muscular and fibrous tissues is well marked. The sciatica of both the right and left hip and thigh is perhaps the most prominent symptom in the proving.

IX. *Proving with the Third Dilution.*

June 13th, 1853, 11 P. M.—Dr. Alfred Pope, æt. 23, temperament bilious, took 20 drops of the third dilution on going to bed. Awoke at 4 A. M. with a violent cough, attended with an excessive tickling in the larynx, and sense of suffocation ; respiration hurried and difficult. Attack lasted quarter of an hour ; no way relieved by change of posture. Scanty expectoration of white frothy mucus ; at the same time the Eustachian tube of the left side felt as though it were stuffed with mucus ; it was extremely painful, and caused great deafness.

14th, 8 A. M.—Took 20 drops. 1 P. M. the Eustachian tube of the left side still feels clogged up, and there is a most

disagreeable singing noise in the left ear; still a little deaf. Took 20 drops.

11 P. M.—Ear feels freer and better, although there is still a singing and buzzing noise in it. The breathing has all day been somewhat oppressed and tight. Took 20 drops.

15th, 8 A. M.—Slept well; awoke with a slight cough, and a little dyspnoea, very similar to that felt yesterday morning, only slighter in degree; chest aches both anteriorly and posteriorly; spirits extremely low. Took 20 drops.

1 P. M.—Since last dose, have felt very sore at the inferior angles of the scapulæ, particularly the left; also under the sternum, particularly towards the left side; great difficulty in taking a deep inspiration, with aggravation of the sore aching pain at the scapulæ; the chest feels too tight to admit of expansion. Sore aching of the upper and lower extremities, weariness, incapacity for any exertion, and excessive lowness of spirits; occasional dizziness in the forehead; pulse natural. Took 20 drops.

11 P. M.—Feel better this morning; still some soreness of the anterior chest, and at the angles of the scapulæ. Not so low spirited. Took 20 drops.

June 16th, 8 A. M.—Slept well; soreness of the chest and limbs, though less severe. Slight cough on rising. Took 20 drops.

1 P. M.—Less pain, which however always returns for half an hour after taking the medicine. No cough. Took 20 drops.

11 P. M.—Have felt very little inconvenience to-day at all. Took 40 drops.

June 17th, 8 A. M.—Cough slight, with a tickling in the larynx; pains, sore and aching, increased on taking a deep breath, in the same localities as before, but not nearly so severe as on the 15th; aching pain across the loins, and in the left iliac region. Took 40 drops.

1 P. M.—Soreness, tightness and distention of the epigastric region; feel very weak, particularly in the lower extremities; sour taste in the mouth; pain in the epigastrium, as of excessive tightness; slight aching in the forehead. Took 40 drops.

11 P. M.—Feel very weak and faint; the bowels are *much*

distended with flatulence; no relief can be obtained at stool; excessive nausea, sickness and faintness; pains, aching soreness, chiefly in the bowels and across the loins, and hanging about the chest and scapulæ. Took 40 drops.

June 18th, 8 A. M.—Slept well; feel weak, and pain in all the parts before mentioned. The right ear feels somewhat stuffed.

Remarks.—The prover had some doubts as to the cough and ear symptoms being really attributable to the medicine; but a single proving is always unsatisfactory, unless the symptoms are strongly marked, or well corroborated by the experience of others. The symptoms of the epigastrium are not to be relied on in this case, as the prover was subject to slight dyspepsia. The oppression at the chest, and the pains, particularly at the angles of the scapulæ, were well marked. The weakness, fainting, and depression of spirits, were such as at one time to cause considerable alarm. The proving corroborates the others as to the special affinity of the drug for the chest, perhaps the serous membranes.

X. *Proving with the Third Centesimal Dilution.*

December 3rd, 1852.—Mary T. æt. 17, temperament nervous, took 5 drops of the third dilution. In half an hour twitching about the bowels, followed by a loose stool; felt drowsy during the day.

December 4th.—3 drops. A short dry cough throughout the day.

Dec. 6th.—3 drops. Pain at epigastrium, through to the shoulders, with nausea.

7th.—3 drops. Greatly oppressed at chest, as if from globus behind the sternum.

10th.—3 drops. Violent pain between the shoulders; sick and dizzy; uneasy aching about the chest.

11th.—3 drops. Diarrhœa with sickness.

12th.—3 drops. Shooting through the chest; running of clear water from the mouth.

15th.—5 drops. A burning, dry sensation, with pains in the chest.

1st.—3 drops. Very drowsy.

2nd.—3 drops. Anxiety, with pain in the abdomen, and fainter dilation.

Remarks.—In this proving I had not the opportunity of questioning the prover personally, so that it is of little value from the important want of definiteness in describing the locality and character of the sensations. The prominent oppression at chest and the shooting pains, however, give weight to the experience of the others.

XI. Proving with the First Centesimal Dilution.

June 9th, 1853,—Frank Holmes, æt. 13, temperament nervo-lymphatic, took 6 drops. 10th.—6 drops.

11th.—5 drops. During the day has had twitching tightness round the lower part of the chest, in front, with rising in the throat, and want of appetite; bowels, which are generally confined, freely opened; stools large and fluid.

June 12th.—5 drops. Thrusting at the lower end of the sternum; bowels opened twice to-day.

June 14th.—7 drops. Bowels freely opened; stools large, liquid and bilious; oppression at the chest all day.

June 15th.—5 drops of the third centesimal. Sense of thrusting at the sternum.

June 16th.—10 drops of the third. Beating at the epigastrium, and short of breath; drowsy all day; frequent calls to make water; urine profuse and limpid.

June 17th.—6 drops of the third. Bowels open three times to-day; stools loose and large, without pain.

18th.—A yellow patch follows the eye when he reads; feels silly and lost; he cannot think; nightmare, with sense as if he could not escape, from inability to see; rising from the bottom of the chest into the throat, with oppression of breathing; he has to sigh deeply to relieve the feeling of want of air in the chest; frequent micturition; urine three times more than natural.

19th.—10 drops of the third. Short of breath; strong beating of the heart, so bad that he can hear it.

20th.—10 drops of the third. Constant choking in the throat-pit, and feeling as if he would burst into tears.

22nd.—The sensation in the throat continues; a red patch on the letter as he reads.

29th.—Took 10 drops of the fifth dilution. Want of appetite; a darting pain through each temple; the darts meet in the centre of the head; worse on stooping.

30th.—10 drops of the fifth. An aching, bruised pain all over the lower limbs; also in the wrists; wrists very weak, and hands tremble; heels so painful that he can scarce tread; bloating fulness in the right hypochondrium; stools loose, large and bilious; tightness across the chest; no appetite till evening; urine profuse and limpid.

July 1st.—10 drops of the fifth. Bowels very loose; darting through the temples; has to take deep inspirations now and then; sighing.

July 2nd.—10 drops of the fifth. Pushing aching under the sternum.

Remarks.—This would seem to be a good proving. Although there is nothing strongly marked, yet the whole range of the drug is touched out. The oppression at the chest, sighing, choking in the throat, palpitation and profuse discharge of limpid urine, is a characteristic and useful group. The symptoms of the muscular and fibrous tissues are not so marked as in the provings with lower dilutions.

XII. *Proving with the First Decimal Dilution.*

Margaret C. æt. 54. Temperament sanguine, bilious.

July 27th, 1852. Took 10 drops of the first decimal. Painless beating occasionally, lasting about a minute, in the left temple. Sleeplessness, could not rest till midnight.

28th.—Heaviness of the head with dullness of the eyes, inducing closing of them. Flatulent distention of the abdomen. After taking 15 drops of the tincture these symptoms immediately disappeared.

29th.—15 drops. 30th.—15 drops. 31st.—Feels extraordinarily well. Took 15 drops. Aching in the calf of the leg.

August 2nd.—A weight on the brain. Apprehension very

obtuse. These disappeared almost immediately on taking 5 drops of the Mother tincture. Shooting pain, sudden and sharp in the right infra-gluteal region, felt principally on walking in the open air.

2nd.—After a light supper, awoke in the middle of the night in a wild half unconscious state, with a disagreeable sensation running down the back of the thigh and leg, with a feeling as if there was no foot. The head felt exceedingly light, as if there were no solid head, and she could not articulate for some time, although she endeavoured to do so. This left a severe pressing headache on the vertex, passing forward over the eyes, with a pulsating pain in the temples. Burning heat all over. After a cup of tea the headache disappeared and the skin became moist.

6 P.M.—Has repeatedly complained during the day of a soreness and prinkling down the limbs, particularly down the ankles. The legs feel heavy and sore, as do also the arms. She feels languid and nervous. Abdomen distended. She can scarce walk for aching in the limbs. Pulse 106.

She declares the symptoms to be similar though different to the beginning of a rheumatic fever or a severe cold. She cannot ascribe them to any thing but the medicine.

August 4th.—All the symptoms totally gone.

Remarks.—I think I am justified in saying that a few provings such as this would pretty well establish the claims of *Cotyledon umbilicus* to a trial in Epilepsy. I may state that the Prover is an extremely matter of fact lady, and one not likely to exaggerate her sensations. She knew nothing whatever of the actions and uses of the drug. The Rheumatic symptoms were here strongly developed with considerable vascular excitement. The sciatica pain was very prominent. Since the climacteric period, and particularly for some months before the proving, she had suffered severely from a aching tingling in the hands, particularly at night, preventing sleep, and tingling down the arm as when the nerve is struck. Whilst taking the *Cotyledon* this disappeared, and has never returned. It is upwards of a year since.

XIII. *Proving with the Mother tincture.*

Anne C. æt. 26. Temperament nervo-lymphatic.

July 31st, 1852. When in good health took 5 drops of the Mother tincture. August 1st.—The same quantity.

Aug. 2nd.—Palpitation at intervals of three minutes, consisting of three or four heavy throbs; excited more by mental emotions than by bodily movement. 9 P.M.—After taking other 5 drops the palpitation declined and did not return.

Aug. 3rd.—Awoke early in the morning in a state in which she felt as if she were going out of her mind. It was not disagreeable, as she felt in an elevated careless state. This lasted for about five minutes, and was followed by trickling as of blood down the left arm from the shoulder to the finger points.

Remarks.—This night attack certainly presents some resemblance to an epileptic seizure. Trickling in the skin is common to this attack and to that in proving XII. This prover is however not so much to be depended on, as she is subject to nervous sensations occasionally. The palpitation in this case is similar to that observed by the first prover, and is peculiar. I have remarked more than once the sudden disappearance of a promising group of symptoms on taking a fresh dose of the medicine.

XIV. *Proving with the Mother Tincture.*

Anne C., second proving.

March 6th, 1852, 7th, 8th, 9th and 10th.—Took 8 drops of the mother tincture. Great liveliness, inclination to sing and to be happy; a dull, heavy, stupifying pain in the forehead and vertex, shifting suddenly between these; feels lost before the headache comes on; great difficulty in collecting her ideas, forgets the subject of the discourse; she has to make an effort to discover where she is, and to whom she is talking; dimness of sight and itching of the eyes during the headache, with great coldness of the feet; slight palpitation during the headache, lasting a few seconds; during the headache great inclination to go out into the open air, with relief by going out; strong desire for company and excitement; headaches occur every ten

minutes; between the attacks of headache, a gnawing rheumatic pain in the right shoulder. Awoke during the night with pain in the right shoulder.

Remarks.—The liveliness and flow of spirits also observed in provings II and XII, would appear to be an alternating effect with the great depression which was painfully prominent, particularly in proving IX. The latter occurs in a marked and useful group, and is the more valuable.

Edwin Kelsey, æt 17, a strong healthy-looking young man, of a nervo-lymphatic temperament. At the age of thirteen was attacked suddenly with a spasmodic drawing of the right arm up to the shoulder. This occurred six or seven times, and was always relieved by active rubbing of the limb downwards. On January 3rd, 1858 (four years after), had a similar attack, which, however, seemed to pass into the chest and produced a regular epileptic fit. After this he was subject to severe frontal headache with drowsiness; and whenever he stands still awhile and studies (*i. e.* thinks of nothing—Yorkshire), he feels a little of the numb stagnation feeling in the hands. For these symptoms he had Laches., Bellad., and Nux vom., with some relief to the headache and numbness. On June 15th, 1858, besides the ordinary symptoms, he complained of a trembling bubbling sensation in the nape of the neck, and in the flesh of the legs. He had Cotyl. umbil. $\frac{3}{4}$, 3 drops in four ounces of water, with directions to take a dessert spoonful night and morning. He took this for a fortnight with relief, when, on the occasion of my being out of town, he had the mother tincture of Cotyledon instead of the third dilution which was not at hand. Two days after beginning this bottle he had a feeling of fulness in the throat, from whence a cold sensation spread all over the chest and body. Besides this he had a cold aura rising from the legs into the chest where it produced a tightness of breathing and the feeling as if he would have a fit. These sensations came on whenever he stood still, particularly towards night, and they were relieved by stirring about. He was always worse shortly after taking the medicine. He had

Saccharum lactis for ten days, during the latter seven of which he had no aura, and the choking was nearly gone; there was still some of the original drawing in the arm. He had Cotyledon 3rd, 1 drop night and morning. Immediately on beginning the medicine he had the aura in the chest, and afterwards some trembling in the hands. Again he had Saccharum for a week, during which he had no aura. Two days after having finished the Saccharum, being unable to get to see me, he mixed a powder that he had by him containing Cotyledon 3rd, of which he took two doses, when he had a distinct cold aura in the chest, extending downwards. As he considered the symptom attributable to the medicine he discontinued it and came to me. He then took Saccharum for ten days, during which time he had no aura. A month after this he reported himself better than he had been for a length of time; no aura or choking since last report; headache and drowsiness gone, and the arm much better, with only a feeling of weakness in it when it lays still. It was my impression that the aura and choking were attributable to the medicine, but each may decide for himself what value to attach to the symptom.

SUMMARY OF THE PHYSIOLOGICAL ACTION AND THE THERAPEUTIC USE.

The character of the Cotyledon symptoms of the heart, lungs, throat and mind, corresponds very closely with that of the effects produced in these organs by strong emotions *when suppressed*. Suppression or obstruction is the index symptom to all this group. Full, bursting feeling, as if from obstruction at the heart; difficulty in breathing as if from fullness and tightness in the chest; sighing; choking fullness in the throat as if he would burst into tears; dullness of the intellectual faculties and depression of spirits. Consequently I have found it very serviceable in ailments arising from suppressed emotions, and as a rule the drug seems most suitable to the sufferings of nervous melancholic temperaments, where the passions and emotions are strong, deep, and retentive.

For this class of symptoms occurring at the climacteric period, I have found marked advantage from the use of the *Cotyledon* as an intermediate remedy between the courses of *Lachesis*.

The alternating group of the above is likewise seen in the inclination to sing and to be happy; the feeling of extraordinary elasticity, and the increased quantity of limpid urine. This group is merely useful when taken in connection with the former, when it indicates the applicability of the drug to hysteria. The first few years of womanhood frequently present these groups for treatment, and a peculiar symptom often observed in these cases, viz.—pain in a small spot in the left side, and which, when describing, the patient almost invariably covers with the left thumb-end, is likewise found in the pathogenesis of *Cotyledon*.*

A pathological group of symptoms similar to that first mentioned, is observed to occur when the functional lesion begins at the heart. Violent exercise, as quick running, for instance, occasionally produces the same obstructed feeling, and this functional difficulty is not unfrequently so persistent as to become the subject of medical treatment. I should expect benefit from the use of *Cotyledon* in such a case. The affinity of the drug for the left half of the body is very evident in the proving.

In epilepsy I should consider it worthy of a trial, in cases where the attacks come on principally at night; when the attacks are preceded by a trickling in the skin, or by a tremulous palpitation of the muscles, or when they are introduced by a cold aura, rising from the feet into the chest and head, when they are followed by intellectual dullness, loss of memory, and drowsiness. Or again, in cases where fullness at the heart, and of the chest and throat, or tingling sleeping in the extremities, are the precursors, and particularly in cases arising from deep and suppressed emotions, where the functional symptoms of the heart are prominent.

* The pathology of this pain I do not know, but I have often seen it cured by *Kali carb*.

The action of the Cotyledon on the fibrous tissues, and on the serous membranes of the chest, is, I think, pretty well made out in the proving. I have not had an opportunity of testing it, nevertheless I should consider it worthy of a trial in pericarditis and pleurisy, when the pains occur under the left breast through to the point of the left scapula, or at the point of the right scapula.

In rheumatism of the fascia lata and in sciatica, I have found it of service.

The rheumatic character of many of the symptoms of the Cotyledon umbilicus, and the strong affinity it seems to have for the heart, would induce one to expect something from it in rheumatic affections of that organ.

The few cases following are all that I now submit in illustration of the action of the Cotyledon. Dr. Irvine and myself have used it on many occasions as an intercurrent in long and complicated cases, and seldom failed in deriving the benefit we expected; but such cases would not repay the trouble of reporting them.

CASE I.—Matthew Napier, æt. 27, shoemaker. He is thin and sallow, of a nervous melancholic temperament. Nine years ago, after a suspicious connection (the first and last), he observed a discharge from the penis; there was no heat or scalding, and the discharge did not come from the urethra, but from under the foreskin (blamitis). He infected his eyes with it, which were cured by the surgeons at the infirmary, Leeds, to whom he denied any venereal contamination. He was then treated by a quack doctor for venereal. The idea of having the disease tortured his conscience horribly. The depression of spirits and constant misery drove him often to contemplate suicide. At this time while labouring under this mental depression, he began to have fullness and tightness in the chest, particularly in the left side; palpitation occurring on the slightest excitement; a constant short cough to relieve the sensation of something being fast in the throat; cough brought on by the slightest chill, or by any bad smell; the uneasiness and tightness in the left side, below the third rib, gradually increased to a pain; the pain he describes as a "feeling as if there was something trying to pass, and the opening was too small to permit it"; the chest was

trouble by getting forward. The chest got so bad that he could not work satisfactorily in the cold weather; and in the winter season he said that if five years he could not work a stroke. At any rate he could not improve upon his ability to work for a week together. During the time the depression of spirits increased to a distressing degree. "What he desired to be relieved by death," and "often he would stare with vacant features to see the symbols of the heavy and painful slumber around him." He was constantly sitting "slumped" with his head pressed forward in his hand, and his elbow on his knee. His only consolation and relief was his violin. On one occasion he conversed to himself with himself and swallowed heavily if he uttered a "Lauchian": he became alarmed however before the pain had time to subside, and induced vomiting by suddenly raising his weight.

During this time he attended the allopathic dispensary on three successive occasions of three months each. He had been treated for tubercular disease by eight or nine surgeons, during which time his health and strength failed very much. Three years ago he attended the Lewis Eclectic Dispensary for half-a-year. He had never had his medical attendants that he attributed his sufferings to venereal contamination, and this continually preyed on his mind, that he should be suffering and not be able to reveal the cause of his condition.

On February 25th, 1853, he came under my care. His symptoms were as above described: the pain in the left breast in the region of the heart, the rough shortness of breath and depression of spirits. He had Ipecac, Lachesis, and Arsenicum, without much benefit, except from the last, which removed a distressing coldness at the heart, and relieved the mental depression.

On June 11th, he had Cotyl. umbil., 3 drops of the 3rd dilution in four ounces of water, one dessert spoonful to be taken night and morning. Since then he has rapidly regained his strength.

August 27th.—He has continued to take the Cotyledon at intervals, and now he has but very little of the pain in the left side, and only very occasionally of a morning on getting up; it goes away when he works a little; only occasionally a little of the short cough in the morning. His spirits are quite buoyant and hopeful. He can enjoy life, and now derives pleasure from company. He has worked a good day's work for some weeks, and hopes soon to be altogether well.

CASE II.—James Cairns, æt. 28, mechanic, of a nervous, melancholic temperament, thin, and sallow complexion. Spirits constantly depressed; uneasiness at the heart, and constant aching at the præcordium. The mental depression and the pain have been increasing for some months, and are now so bad that he cannot fix his attention on his employment, besides that, he feels too weak to work. He took various medicines without relief, till he had *Cotyled. umbil. 3rd*, one dose night and morning for ten days, since which time, now three months, the pain has been quite well, and his spirits much improved.

CASE III.—July 21st, 1853. Mrs. Dawson, æt. 46, bilious, sanguine temperament, temper naturally very irritable, and disposition desponding. She lost a child six months ago, and has never been well since. Has had great anxiety on account of her husband's health. Pain in the left chest; a bursting aching pain; rising in the throat; faintness at the epigastrium; inclined to fret, but can never shed tears; feels always very unhappy and anxious; catamenia at irregular intervals.

Prescription.—1 drop of tincture of *Cotyledon 3rd*, night and morning.

Aug. 30.—She has taken the *Cotyledon*, with occasional intermissions, and has felt quite free from her complaints for a fortnight.

CASE IV.—John Jowett, æt. 50. For many years has had pain across the loins, and in the left hip and thigh. The pain is of a numb aching character, and makes the loin and limb feel stiff; occasional shoots down the back part of the thigh to the knee. General health good.

He had *Rhus tox.* with temporary relief, and for the last two months he has been taking *Cotyledon umbilicus*. He has not had any pain since the first week of taking the medicine.

CASE V.—August 3rd, 1853. James Cliff, æt. 17, for two days has had a severe striking pain in the right chest, also a similar pain in the left side under the breast, which shoots through to the shoulder point.

Prescribed *Tinct. Cotyl. umbil. 3rd*, one dose three times a-day.

Aug. 9.—Whilst taking the medicine, the pain disappeared from the left side, but that in the right side remains as bad as ever.

Prescribed Tinct. Arnica 3rd.

Aug. 13th.—Pain in the right side nearly gone.

CASE VI.—Zebulon Gossney, æt. 33, nervous melancholic temperament, for some weeks has had the following. During the day, when he is engaged at his duties, which consist in a great measure of figuring and calculating, he feels a heat in the feet, whence a hot aura passes rapidly up the legs and body, and into his head, when he suddenly, for some moments, loses consciousness, and stumbles backwards. The loss of consciousness is complete. On coming to himself he finds that the hot aura has receded to his feet again. The attacks occur at least three or four times every day. Before the attacks he has a rapidly pulsating sensation, like tremor in the nuncies, particularly those of the thigh, leg and arm. The hot sensations generally succeed this. When the aura rises into the arms, they and the hands tingle exactly as when the ulnar nerve at the elbow is struck. After the attacks he feels drowsy and heavy; spirits much depressed; the head has been for some time very obtuse, and he cannot get through his numerical calculations, memory failing.

September 3rd.—He had two doses of Cetyl. umbil., 3 globules of the mother tincture two mornings in succession. On the day he took the second dose, the hot aura only occurred once, and did not reach higher than the chest. Since then (ten days) he has had no appearance of the affection further than slight drowsiness. His appetite and spirits are much improved.

SCHEMA.

MORAL SYMPTOMS.

1. Excessive lowness of spirits. (A. P.)
2. Inclination to burst into tears, with choking in the throat-pit. (P. H.)
3. Sighing. (P. H. and M. D.)
4. Extraordinary good spirits and energy. (W. C.)
5. Great liveliness, with inclination to sing and to be happy. (A. C.)

6. Strong desire for company and excitement. (A. C.)
7. Feels lost; cannot collect herself; forgets what she is doing or saying. Difficulty in expressing herself. (M. D.)
8. Apprehension very obtuse. (W. C.)
9. Feels silly and lost; cannot think continuously. (F. H.)

HEAD.

10. Flushing of the face, with confusion of the head; singing in the left ear; bubbling sensation in the left vastus internus. (W. C.)

11. Slight general headache, with confusion. Head clear on getting up, but toward midday it became very obtuse, so that he had to make an effort to collect himself; absence of mind. Head heavy. (W. C.)

12. A weight on the brain; apprehension very obtuse. (M. C.)

13. A dull, heavy, stupifying pain in the forehead and vertex, shifting suddenly between these. Feels lost before the headache comes on; great difficulty in collecting her ideas; forgets the subject of discourse; she has to make an effort to discover where she is, and to whom she is talking; dimness of sight and itching of the eyes during the headache, with great coldness of the feet; slight palpitation during the headache, lasting a few seconds. (A. C.)

During the headache, great inclination to go into the open air, with relief by going out. (A. C.)

14. Headaches occur every ten minutes; between the attacks of headache, a gnawing rheumatic pain in the right shoulder. (A. C.)

15. General headache. Aching in the left infra-orbital region. (W. C.)

16. Heaviness of the head, with dulness of the eyes, inducing closing of them. Flatulent distention of the abdomen. (M. C.)

17. Beating headache over the left eye. (W. C.)

18. Slight stinging pain over the left eye. Cold feet, with dull headache. (W. C.)

19. Slow drawing over the left eye, and in the left occiput. (W. C.)

20. Shooting pain over the left eye in the morning. (W. C.)

21. Intense headache in front and on the right side, worse on standing the head. (V. C.)

22. Headache with heaviness in the right half of the head. Intense headache in the morning on getting up. (W. C.)

23. Headache through the right half of the head from before backward. (V. C.)

24. Intense pain in the right occipital region. (F. H.)

25. Headache in the side of the head with heaviness, especially on standing. (W. C.)

26. Intense burning in the left temple. (M. C.)

27. Burning pain from each temple. Dents meet each other in the center of the head, worse on standing. (F. H.)

28. Burning in the temples. (W. C.)

EYES.

29. Intense itching and itchy the eyes frequently. (W. C.)

30. Singular, intermittent acute stinging pain in the right eye, as if from the meeting of something in the external cornea. In the morning in the morning. After this the headache is immediately discontinued. (W. C.)

31. Itch and pain the same sensation, in a less degree, in the left eye. Itchy itchy in the left occiput. (W. C.)

32. Itching and itching of the eyes. (W. C.)

33. Singular burning over the left eye. Stinging in the upper part of the right eye. (W. C.)

34. A yellow pain in the eye when he reads. (F. H.)

35. A red pain in the eye when he reads. (F. H.)

EARS.

36. Feeling the length the Eustachian tube of the left side from as if stuffed with mucus; the sensation is extremely painful, with great distress. (A. P.)

Eustachian tube feels constantly clogged up, and there is a most disagreeable singing noise in the ear, with deafness. (A. P.)

37. Singing and buzzing in the left ear. (A. P.)

THROAT.

38. Back part of the pharynx feels as if covered with thick mucus. (W. C.)

38. Difficulty in swallowing, with a sensation of fulness in the right side of the pharynx. Uneasiness behind and to the right of the sternum, as if from fulness. (W. C.)

39. Constant choking in the throat-pit. (F. H.)

STOMACH AND ABDOMEN.

40. After a moderate dinner, fulness and pricking at the cardiac extremity of the stomach. (W. C.)

41. Uneasy pricking at the stomach. (W. C.)

42. No appetite till evening. (F. H.)

43. After tea, slight regurgitation, with a dull pain in the region of the spleen, recurring at intervals. (W. C.)

44. Dull pain in the left hypochondrium; a long stitch in it on taking a deep breath. Soreness of the epigastrium and borborygmus. (W. C.)

45. Prickling and fulness in the right hypochondrium after dinner. (W. C.)

46. Bloating fulness in the right hypochondrium. Stools loose, large and bilious. (F. H.)

47. Belly-ache all day; increased immediately after eating, even a little bread. Flatus. (W. C.)

48. Twitching about the bowels, followed by loose stool. Pain at stomach, through between the shoulders, with nausea. (M. T.)

Anxiety, with pain in the abdomen and flatulent distention. (M. T.)

49. Feels very weak and faint. The bowels are much distended with flatulence; no relief can be obtained at stool. excessive nausea, sickness and faintness. (A. P.)

50. Soreness, tightness and distention of the epigastric region. Feels very weak, particularly in the lower extremities. Sour taste in the mouth. Pain of epigastrium as of excessive tightness; slight aching in the forehead. (A. P.)

STOOLS.

51. Bowels more open than usual; stools fluid, large and bilious. (W.C.)

left nipple; feet very cold. During the evening, shooting in all directions through the chest, but particularly in the above localities. (W. C.)

67. In the evening, shootings in the right posterior and left anterior chest. (W. C.)

68. Awoke with a continuous dull pain above and to the left of the left nipple; worse on inspiration. Pain, not constant, toward the right side of the middle of the sternum. These pains, particularly the former, keep recurring without apparent exciting cause. (W. C.)

69. Awoke with a pain under the left nipple, which left soon. (W. C.)

70. Throbbing pain and soreness at the root of the bronchi on coughing. Great oppression behind the sternum on walking fast. (W. C.)

71. Uneasy fulness of the right chest, with a heavy pain to the right of the lower end of the sternum. (W. C.)

72. Slight but distinct aching under the left breast. (W. C.)

73. Short-lasting stitches under the right breast. Uneasiness in the left and right sides of the chest. Stitches in the right anterior chest, lasting some minutes, followed by a similar pain in the left posterior chest. (W. C.)

74. Oppression at chest and difficulty of expanding it. Drawing pain from the region of the left breast through to the angle of the left scapula. (W. C.)

75. Dull pain, varying in intensity, to the right of the sternum, between the cartilages of the fifth and sixth ribs. (W. C.)

A similar dull pain with external smarting about an inch below the left nipple; tenderness over a circumference of three or four inches in that locality. (W. C.)

Pain and tenderness on percussion under the left clavicle. (W. C.)

Aching along the inner border of the right scapula. (W. C.)

76. Continual uneasiness in the left and right chest anteriorly. (W. C.)

77. Soreness of the right breast on pressure; a continual pain in that region.

Constant pain in the left breast, varying in intensity from mild to severe pain. W. C.

76. Severely oppressed at chest, as if from a ball pressing behind the sternum. M. I.

77. Tensive pain between the shoulders, sick and very uneasy moving about the chest. M. I.

78. Stitches through the chest: feeling of heat over from the novel. M. I.

79. A burning dry sensation with pains in the chest. M. I.

80. Considerable oppression at chest with malaise and pain at chest. Constant oppression at the sternum relieved for a time by sighing. M. I.

81. Burning pain for some time in the left breast. M. I.

82. Twisting tightness around the lower part of the chest in front with rising in the throat and want of appetite. F. H.

Twisting at the lower end of the sternum: oppression at the chest. F. H.

83. Rising from the bottom of the chest into the throat with oppression at the breathing. Has to sigh deeply to relieve the feeling of want of air in the chest. Frequent sighing: sighs three times more than natural. F. H.

84. Feeling rising under the sternum. Has to take deep inspirations now and then. F. H.

85. Breathing oppressed and tight.

Chest sides both anteriorly and posteriorly; spines extremely low.

Very sore at the inferior angles of both scapulae, particularly the left; also under the sternum, particularly toward the left side. Great difficulty in taking a deep inspiration, with aggravation of the pains at the scapulae. A. P.

86. The chest feels too tight to admit of expansion. A. P.

87. In five minutes, slight tingling under the angle of the left scapula, alternating now and then to pricking. This only lasted a few minutes, but on passing off it was immediately followed by pain under the angle of the right scapula, as if produced by the pressure of a blunt point. This pain increased in intensity all day, and spread round to the front, being particularly severe under the left mamma. The pain there and under

the angle of the scapula was a constant dull pressure ; but on making any sudden movement of the arm, walking or expiring strongly, it became shooting, and occupied the whole intervening space, appearing to shoot sometimes from the back to the front, sometimes in the opposite direction. By evening the pain was so severe as nearly to prevent moving about. No tenderness over the seat of the pain. No physical signs, no fever or other symptoms whatever. (F. I.)

90. Palpitation at intervals of three minutes, consisting of three or four heavy throbs. Excited more by mental emotion than by bodily exertion. (A. C.)

91. Repeated attacks of a kind of palpitation, similar to that felt after quick running, as if the heart beat heavily and with difficulty.

It is accompanied by a dull pain, as if from obstruction, somewhere at about an inch to the left of the left nipple. This recurs at intervals, aggravated on stooping and on taking a deep inspiration. A lascivious idea induces it immediately.

On breathing deeply there is a dull heavy pain at the sternum, as if from a blow, passing through to the back.

On swallowing, the morsel seems to pass and press against some swelling in the region of the heart. Pulse natural. (W. C.)

92. A hot pain, with anxiety, under the left nipple. Occasional palpitations, consisting of three heavy throbs. (W. C.)

93. Single heavy throbs, quite rythmical, occurring at half-minute intervals, below the left nipple, after walking smartly. (W. C.)

94. Slight feeling of heat about the heart. (W. C.)

95. Continual uneasiness, not amounting to pain, in the region of the heart and in the right hypochondrium. (W. C.)

96. Heavy throbbing at the sternum, coming on particularly on slight exertion. (W. C.)

97. For upwards of a month there remained a very troublesome palpitation and fulness at the sternum, on walking up hill. No exertion seemed to induce it so much as this. The sensation occurred at intervals of two or three minutes, and consisted of one or two jumps or rolls of the heart, with occasionally an intermission of the pulse at the wrist.

A clawing, dragging pain at the heart, on riding, relieved by compressing the side firmly. (W. C.)

98. Short of breath; strong beating of the heart, so loud that he can hear it. (F. H.)

BACK.

99. Aching in the region of the kidneys with shooting in the right loin. Long stitches in the loins. (W. C.)

100. Rather severe aching in the region of the kidneys, extending round into the abdomen. (W. C.)

101. Aching in the back across the loins; aching in the back part of the left thigh (female). (M. D.)

102. Aching in the back and down the posterior part of the right thigh. (M. D.)

SUPERIOR EXTREMITIES.

103. Aching in all the large joints, particularly the right shoulder. (M. D.)

104. An uneasy aching of the shoulders, elbows, and knees, with numbness of the latter; also a similar aching in the thick part of the arms and down the back part of the thigh.

Aching in the fleshy part of the arm and in the thighs. (M. D.)

105. Shootings in the joints of the fingers, and in the left elbow and right knee. (W. C.)

106. Acute shooting in the joints of the fingers. (W. C.)

107. Aching tingling of the hands, particularly at night, preventing sleep. Tingling down the arm as when the nerve is struck. (Cured in M. C.)

INFERIOR EXTREMITIES.

108. Soreness of the skin at the back part of the left thigh. Shootings from the middle of the left thigh down to the inner ankle. (W. C.)

109. A disagreeable nauseating pain in the inner side of the left knee, as after a blow on the knee, extending to the muscles of the thigh. (W. C.)

110. Painful sensitiveness of the skin at the back part of the

left leg; the rubbing of the trowsers causes an acute sting, as from a needle. (W. C.)

111. Stinging pain under the left gluteus maximus muscle, in the region of the great sciatic nerve. Continual soreness of the hip and thigh posteriorly. (W. C.)

112. Shooting, sudden and sharp in the right gluteal region, principally in walking in the open air. (M. C.)

113. Pain and stiffness in the right hip, going off after a walk. (W. C.)

114. Aching in the left thigh posteriorly. (M. D.)

115. Great aching of the hip joints, relieved by walking about. Occasional pushes at the heart. (W. C.)

116. Bubbling sensation in the left thigh. (W. C.)

117. Aching in the muscles of the legs. (W. C.)

118. Aching breaking feeling across the tibiæ, relieved by motion. (W. C.)

119. Aching in the calf of the leg. (M. C.)

GENERAL SYMPTOMS.

120. Soreness and prinkling down the legs posteriorly, particularly above the ankles.

The legs feel heavy and sore, as do also the arms. She feels languid and nervous.

She can scarce walk for the aching in the limbs. Pulse 106

The feelings are similar to the beginning of a fever or a severe cold. (M. C.)

121. Aching in all the large joints, and particularly the shoulders, particularly the right shoulder, inducing constant inclination to stir the limbs. These symptoms disappeared next day. (W. C.)

122. An aching bruised pain all over the lower limbs, also in the wrists. Wrists very weak, and hands tremble. Heels so painful that he can scarce tread. (F. H.)

123. Sore aching of the upper and lower extremities, and excessive lowness of spirits. Occasional dizziness of the forehead.

Pain, aching soreness, chiefly in the bowels and across the loins, and hanging about the chest and scapulæ. (A. P.)

124. Awoke early in the morning in a state in which she felt as if she were going out of her mind ; it was not disagreeable, as she felt in an elevated, careless state. This lasted for about five minutes, and was followed by trickling as of blood down the left arm, from the shoulder to the finger points. (A. C.)

125. After a light supper, awoke in the middle of the night in a wild, half unconscious state, with a disagreeable sensation running down the back part of the thigh and leg, with a feeling as if there was no foot. The head felt exceedingly light, almost as if there was no solid head, and she could not articulate for some time, although she endeavoured to do so. This left a severe pressing headache on the vertex, passing forward over the eyes, with a pulsating pain in the temples. Burning heat all over.

After a cup of tea the headache disappeared, and the skin became moist. (M. C.)

126. A feeling of fulness at the throat, from whence a cold sensation spreads all over the body.

A cold aura rises from the legs into the body ; when it reaches the chest it produces tightness of breathing, and a feeling as if he would have a fit. These sensations come on particularly when he stands still, or when he directs his attention towards them. Relieved by moving about briskly (in an epileptic).

127. Aching at the heart, lasting some hours ; weakness and aching of the limbs. Head feels dull. Creeping in the flesh, and feeling as before a severe cold, or rheumatic attack. (W. C.)

128. Occasional attacks of faintness, with green shadows before the eyes. (M. D.)

SLEEP.

129. Felt drowsy during the day. (M. T.)

130. Very drowsy. (M. T.)

131. Sleeplessness ; could not rest till midnight. (M. C.)

132. Nightmare, with sense as if he could not escape, from inability to see. (F. H.)

133. Drowsy all day. (F. H.)

Such is *Cotyledon umbilicus* ; and I hope it will prove a

useful companion to Lachesis, Ignatia, Phosphoric acid, &c. I have now merely to express the desire, that any one who may have any experience of the drug will kindly communicate with me, in order that the truths of the proving may be confirmed.

DR. DUNN'S ADDRESS TO
THE NORTHERN HOMŒOPATHIC ASSOCIATION
AT ST. JAMES' HOSPITAL, DONCASTER.

GENTLEMEN,—Permit me, with some feelings of pride, to bid you welcome here this morning, and to congratulate you on the fact that we are met in a building which is, and which is to be, devoted entirely to the practice of homœopathy; a building which in one brief year has arisen and been successfully completed, notwithstanding one of the fiercest and deadliest oppositions ever encountered, from the united body of allopathic practitioners in the town, and here at all events homœopathy, as far as I understand it, in medicine, in surgery and in obstetrics, will be fully tested; and, as I have invited all my medical colleagues to witness the treatment here pursued, there can be no *good* reason why the two medical systems now practised should not be impartially weighed, and that system which on trial shall prove the best, the most speedy, humane, and pleasant, be hereafter practised. I do not, and I am sure you do not fear investigation; and as the time has now passed when ridicule, invective, calumny and falsehood, could have any weight with the public,—though that calumny, falsehood and invective be ushered into the world under the sanction and auspices of a learned Professor, who is rather too apt to borrow the oft-refuted calumnies of those writers who know literally nothing of the subject of which they speak so contemptuously,—I say, as the time has now gone by when such warfare had any effect on the people, it behoves all medical men, who are really desirous to learn the best method of healing, to witness the effects of homœopathy either in their own practice or in those institutions in Britain, and on the Continents of Europe

and America, the doors of which institutions have never been closed against any respectable medical man, though it has been known at the time that some, taking advantage of that liberality, only went to scoff and ridicule the practice adopted. Homœopathists, however, may feel satisfied with the progress the principles laid down by the illustrious Hahnemann are making; on all hands do we hear of conversions; lately, indeed, the conversions have been so numerous, and the converts are so illustrious, that it needs no prophet to foretell that in a very short period the practice of homœopathy will be the rule, and the practice of allopathy, or rather *quackopathy*, the exception. We one day read that the Emperor of Austria is rescued from blindness, perhaps from death, by our talented homœopathic colleague at Vienna; the next that the Emperor of the French is going, at the urgent request of General St. Arnaud, who had been rescued from a lingering malady by the homœopathic treatment of Dr. Chargé, to consult that amiable and indefatigable homœopath, and is about to institute a Chair or Faculty of Homœopathy in Paris. When any system can boast the names of Archbishop Whateley, who could not accept anything illogical or unreasonable,—of the learned Chevalier Bunsen, and who can read his *Hypolitus* without admiring his clear judgment and acumen?—of Dr. Schmitz, the learned classic,—of Professor Henderson, and a host of names, which but to mention is to ensure respect for their opinions—I say, homœopaths, lay and medical, may well disregard anything that the selfish and the ignorant may write or say. There is only one thing that I would that we homœopathists should avoid, and that is trying to find fault with our illustrious Hahnemann; illumined by the light and warmed by the heat of that glorious sun, I have no sympathy with those who join our enemies, and scare the unlearned with pretended flaws or dark spots in that sun's disc, or fancy their own wax tapers afford a more genial heat. I am well persuaded that the more we know of Hahnemann, the more we shall have reason to admire him, and the closer we follow his practice and example, the more good we shall confer on suffering humanity, and the more cause we shall have to congratulate ourselves. I am casting no blame on any one;

I am censuring none; nor have I the right to do so, if I were disposed; but I do hope that homœopathists, at least medical homœopathists, will rather emulate than find fault with their leader.

Gentlemen,—I trust you will pardon this introductory address, which is irrelevant to the occasion. I know that our meeting to-day is to exchange ideas, and to hear the experience of one another; but I could not see you assembled here (and I take your attendance here as a very great compliment) without feeling some degree of pride, that I, perhaps the most obscure of the homœopathic body, should have had the good fortune to build and successfully to work one of the first homœopathic hospitals in Great Britain; that it has been successful beyond my most sanguine expectations, the book I have now before me will abundantly testify, and when I tell you that this institution opened on the 8th of February without one patient applying, and that up to this date we have entered on the books 255 cases, besides a great number who receive relief and are not entered, I think you will agree with me that a great work has been successfully commenced. If I call your attention to a few of the cases that have been treated, it is not that there is anything either new or striking in them to you, Gentlemen, who have all doubtless had similar cases, perhaps treated more skilfully than these, but because our indefatigable friend, Dr. Atkin, has committed me in the programme. I shall select those cases which have baffled long and painful treatment by allopathy.

The first case is one of facial neuralgia. James Cunningham, aged 20. This youth had been afflicted for eight months, had been under medical treatment nearly the whole of that time, and had gradually got worse up to the date of his admission as out-patient. He was conducted into the consulting room by his father and mother, who told me that they were also nearly worn out by the distress occasioned them by their son, who had not slept for months, but as soon as night came, the pain kept the youth writhing all night, and allowed none in the house to rest. The pain extended from the left temple round the left orbit, down to the jaw, but was most acute on the suborbital branch

of the fifth pair of nerves; he was pale and emaciated; his pulse low and feeble; his tongue covered with a thick white coating; he could scarcely articulate; he vomited whenever he took food. He had taken purgative, tonic, and other drugs, and had been bled with leeches, and had been blistered. The stomach being much disordered by diet and doctors, I gave him, as you will see, *Ipecacuanha*. He first applied on the 4th of April; on the 6th he was brought by his father only, and then had had the first sleep for months. He ate without vomiting. I repeated the *Ipec*. He applied again on the 9th—but in what a different manner!—he had cast his swaddling clothes; he could eat and sleep; the pain lingered a little about the orbit; the stomach being healthy, I gave him a few doses of *Belladonna*, and he came to report himself cured three days afterwards, with many hearty expressions of gratitude. I gave both of *Ipec.* and *Bell.* the 12th dil.

Now, as I said before, there is nothing extraordinary in this case, but allopathy had made him worse.

The next case is of a similar but of a much more serious character. It is that of Thomas Oxley, aged 64. He is a cattle salesman of Conisbro', and very well known in this neighbourhood. He applied to me on the 15th of February last. This was also a case of facial neuralgia; the pain was situated in the upper jaw, over where the first bicuspid tooth *ought to have been*. He told me that he had been afflicted, and most grievously too, for thirteen years; that he had consulted and been treated by a great many medical men, some treating him for this, and some for that complaint, according to the whim of the allopathist, and each succeeding one calling the other a fool. The pain being situated just over the first bicuspid tooth, the branch of the fifth pair of nerves was the nerve affected. At the time of his application, he had not been in bed for twelve weeks, the pain coming on with redoubled violence whenever he ventured to lie down. There was a small ulcer on the gum, from whence he said the pain arose. He had had every tooth extracted, all the teeth being perfectly sound at the time of their extraction. It is needless to say that he found no relief from this barbarous mutilation. It

would be still more needless to state all the atrocities that had been practised upon him. Of course he had been bled, blistered, cauterised, physicked, drugged with Steel, Quinine, Opium, Quassia, Gentian, Hop, &c., and had been pretty well drained, like France in 1815, of both blood and treasure. He contracted the pain thirteen years ago at Bawtrey fair, on a very cold and snowy day. His appetite was always good, and though he never had lost the pain, he was comparatively fleshy, his stomach always performing a good quantum of work. He is not a teetotaller. I first gave him Arsenicum 30 for the ulcer in the mouth; in a week it was healed, but he said he had not been in bed, and that the pain was as bad as ever. He had now been thirteen weeks out of bed. I then gave him Colchicum 6. The week after he came again, saying that he was no better, that he had never been in bed, making fourteen weeks; he admitted however at this second visit that he could fancy that the pain (to use his own words) "*was not so desperate sharp.*" This encouraged me. I repeated the Colchic. The week following he came into my room smiling, and said: "Dang it, I think yo'll cure me; I've been in bed, and I've slept too." I repeated Coloh. the third week, enjoining strict attention to the diet table. The week following he did not come; and thinking himself well, his wife had made him some coffee for breakfast. The pain returned soon after he had taken it; thereby shewing that as long as the Colch. acted, he was free from pain, but antidote or disturb it by another medicinal agent, and the pain returned, being "scotched, not killed." To use his own words again—"I did n't sleep a wink; but I were off sharply in the morning for more medicine, and I promise you I'll take nought but what you order." At the end of six weeks he reported himself quite well.

Now can any sane person doubt that this man, who had been suffering for thirteen years, and during that long time had consulted, not one, but many allopathists, and at length applying to homœopathy has been cured temporarily at least, I hope permanently,—can anyone, I say, doubt the efficacy of homœopathic treatment?

A third case of neuralgia, Gentlemen, and we will pass on to

cases of a different character. Perhaps I ought not strictly to call this a case of neuralgia, as there was but little pain attending it. It is that of Martin Hinchliffe, aged 14. He first applied on the 1st of March. It was with the greatest difficulty that he could articulate. His face was distorted; his food and saliva escaped; he had lost the power of speech, memory, and nearly of deglutition; all those muscles supplied by the portio dura were partially paralyzed; this gave the youth an idiotic appearance. Dr. Watson, in his Lectures on the Practice of Physic, vol. i, page 582, details a very similar case, with this exception, his was on the right, mine on the left side of the face, a difference which homœopathists do not disregard. Dr. Watson enters minutely and very scientifically into the physiology and pathology of these cases, but in all his treatment, bleeding and blistering strongly predominate, and here we cease to admire and refuse to follow. I gave my patient Graphites 30, and he soon got well.

Now, Gentlemen, here are three cases affecting the nerves of the face so differently as to shew the absurdity and unscientific character of that treatment which prescribes for all pains in the face one of two courses of treatment—tonics, such as Quinine, Steel, bitter tinctures, &c., or bleeding, blistering, and purgatives; yet read the works of allopathists, and it is all this.

The next case I wish to invite your attention to, is one which I am not very well able to define, and I shall be very glad if any gentleman here will enlighten me on the subject. It is case 9, that of a farm labourer, 29 years of age, who was affected in a very remarkable manner. When he applied he could with difficulty walk, he staggered like a drunken man, and often had fits *in the night*. I could not make out from his description what these convulsions were, but he was found on the floor, and some one of his friends were obliged to sit up, lest he might fall down stairs as well as out of bed. He had bruised himself very severely in falling. The day after the fits he was of course excessively weak, and sore from his bruises. The pain in the head was excruciating; he could not bear to look at anything; he could not eat; his memory failed him altogether; he wore an idiotic expression; and his friends

feared lest he should become hopelessly insane. He had been ill two years, and he ascribed his first attack to having become heated in the harvest field, and having drunk some cold beer. He had been under treatment a long time, but got worse, and never found even temporary relief from the various remedies that had been prescribed. I am sorry that I did not take down every symptom of this interesting case; but dispensary practice has this disadvantage, that it allows no time, either for minute study or the careful noting of all the symptoms. I remember, however, that when he presented himself, I had little hope of his recovery. I imagined that he laboured under some organic disease of the brain; his expression was that of a stolid idiot. From his most prominent symptoms, I was led to infer that *Nux vomica* was the remedy most harmonic to the case, and I prescribed it. You will naturally ask me, why choose this remedy? The convulsions always occurred early in the morning, and the headache was always most severe in the morning; his bowels were constipated; his appetite bad; his temper irritable, but only when in great pain. He sent me word in a week, that he was very much better; and on the 7th of May, he came to report himself quite cured; and frequently calls now to express his thanks. He took no other remedy. He is now cheerful, intelligent looking, and performs his labour with ease.

One is apt to imagine such a case as this a mere gastric headache, and so I have no doubt it was; but how does it happen that it had gone on from bad to worse for nearly two years, in spite of all that had been done? He had taken the usual quantity of miraculous pills that are known to cure every disorder that flesh is heir to—if people only would take plenty; he had been treated according to that method that has the accumulated experience of 2,000 years; and I believe that half a dozen powders, containing three or four globules of *Nux v.* cured the disorder. Are we to class this case as one of gastric headache depending upon some derangement of the ganglionic system?

NOTES AND QUERIES RESPECTING CERTAIN
UTERINE DISEASES.

BY DR. MADDEN.

THERE exists a certain class of cases, and unfortunately by no means a small one, wherein the symptoms indicate a more or less general derangement of the whole system, and yet point sufficiently to the uterus to afford ground for the supposition that therein dwells the "*fons et origo mali*." The unfortunate members of this class lead a very miserable life, some are racked and tortured with severe pain, some have the fully developed symptoms of convulsive hysteria, some appear to suffer more in mind than in body, some complain only of the head, while others have their aches and pains limited to the back and hypogastrium, but yet with this individual and specific diversity, a close observer will find much of generic similarity. All are weak, all feel exertion to be a burden, all complain more or less of the difficulty they experience in any attempt to apply their mind steadily to any subject of thought, and those whose actual pains are slight, characterise them as being peculiarly wearing out and incapable of being forgotten. Wherever the pain manifests itself, it proves a constant source of discomfort, a something which cannot be thrown off, a dark cloud which mars all enjoyment. Mentally also, one may observe in these cases certain general resemblances, which are seldom, if ever, absent—the patient is peculiarly impulsive, she does everything by fits and starts, and finds regular daily perseverance in any plan to be great drudgery. If she is encouraged to exert herself, she will start off and walk so far that she becomes perfectly prostrated from the exertion, and will then lie inactive on the sofa for days to repair the damage. If urged to occupy her mind, she will probably become so absorbed in whatever she attempts, as to worry her brain and produce headache or faintness. The healthful control of the thoughts is also very much impaired, and hence, if any source of grief or annoyance be presented to her, she cannot help brooding over it, and every trial is magnified into a small martyrdom.

Thus far I have detailed the symptoms which constitute the chief source of annoyance to the patient, and which accordingly form the burden of her complaints when she seeks advice. Since however, none of the above ailments point sufficiently to any special organ, the enquiring physician will naturally interrogate his patient, and ascertain, if possible, whence all this mischief arises, and should he happen to be one whose speciality leads him to lay much stress upon the uterus and its manifold sympathies, he will question chiefly respecting the functions of this organ, and will find that the pain in the back, if that exists, is burning and dragging, and that it extends into the pelvis, and occasionally down the thighs; he will frequently hear mention made of pain or weight or an indescribable sensation in the hypogastrium, with more or less bearing down towards the genitals. The catamenia will be abnormal in quantity, period, or quality, while more or less leucorrhœa will also be found to exist, either continuously or at stated times. Having ascertained thus much, he will at once assure the patient that the case is a very clear one, that the uterus is the organ at fault, and if he belongs to the *speculum*-school, he will urge the necessity of an examination, affirming, what is perfectly true, that although the symptoms prove to him that the uterus is diseased, he cannot positively determine the exact nature and extent of the affection without careful exploration. Accordingly an examination is submitted to, and the uterus is found to be "congested" or "hypertrophied," or "retroverted," or the cervix is "engorged," or "elongated," or "indurated," and the cervical canal is "patent," or "inflamed," or "excoriated," or "ulcerated," or "contracted"—one and all of which conditions, either separately or variously combined, may attach themselves to the general symptoms previously detailed. The examination finished, the patient is forthwith told authoritatively that she is labouring under such and such an affection of the uterus, and that all her multitudinous symptoms are merely sympathetic affections, which will soon disappear if once the source of all the mischief (the uterine disease) is properly and effectually cured.

The more experienced among my readers will not be surprised at the following query :—

Are the above cases true examples of uterine disease or not? or at least, are the general symptoms merely consequences of the morbid condition of the uterus, or is the uterine affection itself merely sympathetic of some much more general source of disease?

Such a question propounded to any of the Simpson and Bennet school would be unhesitatingly answered by the confident assertion that the uterus is the main, if not the sole cause, of all the mischief; and as a proof of the correctness of this deduction, numerous cases will be cited which actually did recover soon after the uterus was set to rights. This certainly, at first sight, looks very like a satisfactory proof, and I myself must plead guilty to have been led away by it, but unfortunately patients may recover after, or even during, the employment of treatment directed against a special organ, when in truth that organ did not play any very important part in the morbid action to be removed. Let us suppose, for example, that a patient presenting the above detailed symptoms had consulted a medical man, who closely scrutinized the kidneys and their functions in all cases of chronic disorder—beyond a doubt he would have found enough of abnormality in this respect to warrant his classing the case among those to which he specially directs his attention, and the kidneys would forthwith be made the point of attack, the urine duly examined chemically and microscopically, and strange to say the case would very possibly get well as soon as the urine assumed a healthy condition. If a neuropathist had been selected by the sufferer, he too would find abundant grounds for his assertion that the nervous system was at fault, and his treatment also might prove successful. So likewise with a follower of Broussais, who explains everything by the condition of the mucous membranes.

Now what does all this prove? In a measure every one of these different medical men is correct—each one can prove that the malady he seeks for is present, and each one can adduce the same apparent evidence to the importance of that special feature of the disease, by reference to cures effected through the removal of that source of suffering. I believe, however, that one and all are wrong in assigning undue importance to the one

favorite organ. The more experience I gain in this class of diseases, the more I become satisfied that the general ailment, and not any special organ, must be looked at as the root of the disease, and that the more this is kept in view the clearer will become our ideas respecting the pathology, and in consequence the more rational will become our treatment.

I have asserted that many of these cases will be cured whatever organ is made the subject of special treatment, and it will naturally be asked, how can this be explained? If the treatment is homœopathic nothing can be simpler, seeing that whatever theoretical views the practitioner may hold regarding the cases, he will select his remedy in accordance with the symptoms, and hence the medicine will do its work irrespective of any peculiar fancy of the prescriber. If, on the contrary, the case is treated by an allopath, two different explanations may be resorted to, viz., firstly, the treatment being in most cases indirect, it is conceivable that the medication of the organ supposed to be the chief source of suffering, may really act by way of counter irritation; or secondly, the recovery may be altogether independent, or rather, in spite of, the treatment adopted. Thus far with respect to the cases that are cured, but alas! a very large number resist all means of cure, at least for so long a time, that they become a source of intense anxiety both to the practitioner and the patient, and indeed I should not have introduced the subject at all, were it not for the purpose of throwing together a few notes and remarks concerning this unfortunate class, and of propounding certain queries for the mature consideration of my brethren in practice. We assume therefore that there exists a considerable number of females suffering in the way which I have described at the beginning of this article, and whose cases it has become of late years the fashion to designate by the name of uterine—albeit there is good reason for believing that an undue prominence has been given to the part the womb plays in originating or sustaining the general morbid condition—and which prove exceedingly intractable in practice. Many of these unfortunates go the round of medical specialists, and suffer more or less for the vigorous onslaughts made against one and another organ which have consecutively

been accused of originating all their ill-health, till at last the uterus has been fixed upon as the great culprit, and from that time forward the proofs of the correctness of this assertion become cumulative, in as far as an increase or predominance of symptoms distinctly traceable to the generative organs steadily progresses, until such time as the uterus can be pronounced to be once more restored to health.

It has oft times been asserted, and the asseveration applies most strictly to the case in point, that all human progress is of a mixed character, and that few advances are made without some accompanying evil, which dodges their steps and casts a shadow over the triumph of their votaries. The progress which has been made of late years in uterine pathology and therapeutics is undoubted, and I would not for an instant have it supposed that I doubt the fact of very many patients being indebted to this progress for the health they now enjoy. But I cannot blind myself to the counter fact, that the undue prominence given to all uterine symptoms has been fraught with serious evil to a large number of sufferers. One peculiar and most prominent characteristic of these patients is, the undue development of that interesting class of functions of the nervous centres which has been recently discoursed upon by Drs. Holland and Carpenter, when treating of "the effect of attention on bodily organs." "*Expectant attention*" becomes a frequent, nay almost constant condition of their minds, and produces the most powerful effects both upon the animal and the organic functions, and in consequence, I believe the pathological history of these cases to be that a general deterioration of health, originating from various causes, constitutional, hygienic, or otherwise, is in the first place produced, and with it that peculiar condition of the nervous system which renders it abnormally sensitive to all impressions. Under these circumstances should anything direct the patient's attention *expectantly* to any organ, first the sensations, next the functions, and ultimately the nutrition of the organ will become modified, and thus a true disease be established. A case will illustrate this.

A lady about 40 years of age, of strong mind and sound judgment, who has for many years been called upon to exert

both and has proved herself equal to the task, one who is the very reverse of what is usually termed fanciful, or self-indulgent, fell into bad health about four years ago and put herself under my care; at first she was much benefited, but a few months afterwards and while exposed to considerable mental anxiety she again broke down, and in spite of my best efforts continued an invalid. For some months her symptoms continued to be solely of that general character which I have depicted at the commencement of this paper, but about this time, having detected a diseased condition of the uterus in several persons whose symptoms resembled those of this patient, and believing as I then did, that the womb in these cases was the originating source of suffering, I most unfortunately threw out a hint that probably the same cause existed in her case. From this time forward the uterine symptoms, which had previously been utterly insignificant, became more and more manifest, and ere many months had passed they were so marked that at my suggestion she at once submitted to an examination, that I might be enabled to detect the exact condition of the organ. Slight congestion and a trifling degree of redness of the cervical canal and edges of the os were detected, and *calendula* applied locally with temporary relief. I however could not assure her on subsequent examinations that all the symptoms had disappeared, neither could I relieve the various sympathetic pains with which she was harrassed. Time elapsed, and the patient's health became worse and worse, her pains were so severe that she could scarcely leave the sofa, her mind was no longer capable of attending to the various matters which she had formerly been accustomed to, and her friends became very urgent for further advice, to which I of course made no objection; she however declined seeing any other medical man, and the case continued under my care. The slight inflammatory redness of the cervical canal continuing, I resolved to apply the solid Nitrate of silver, and if possible remove this, as I still believed, chief source of suffering. I accordingly applied the caustic freely, explaining to her at the same time that I was using a severe remedy, and that very probably she would at first suffer much pain from it, but that I hoped the result would be favourable; a good deal of pain was

experienced for some days after the application, but then reaction occurred and she improved considerably. Her anxiety however about the state of the uterus being still all alive, she questioned me very closely after I had used the speculum one day whether any traces of inflammation still remained, and as the redness continued, nay, indeed, had not sensibly diminished since the application of the caustic, I felt bound to tell her that there certainly were some traces of redness remaining, but that I hoped I should not require to use the caustic again. From this day forward her health again broke down, and she ere long became as much of an invalid as ever; I was however now so satisfied that her "*expectant attention*" was influencing the uterus, much more than the uterus was affecting her general health, that I did not feel myself warranted in employing severe measures, the more especially as I had recently seen several cases where the general health had been seriously injured by the like energetic measures in the hands of others. Again her friends urged further advice, and at last she submitted to their entreaties, and went up to London and put herself under the care of one of the great uterine specialists: being a lover of strong measures, he told her that my failure arose from my not having cauterised sufficiently deeply, and accordingly he applied the *potassa fusa*, although he remarked that the local disease was very slight, and nothing but his large experience of the necessity for severe measures when the general health was so much affected, would warrant his resorting to such energetic treatment. After six weeks of pretty severe suffering she was told that her *uterus was perfectly healthy*, and that all her aches and pains were simply neuralgic, and would soon go off. In this condition she returned home, cheerful and buoyant with hope. "Tis true," she said, "my pains are as great, nay, at times even worse than before, but then I feel quite different *in myself*, and there is the immense satisfaction of knowing that the source of all my illness is effectually removed." She has now been at home three or four weeks, and is steadily progressing towards health. She is resuming her wonted position in the household, she can walk farther than she has done for more than two years, and her pains are steadily decreasing. Three days ago I ex-

amined the uterus and *found matters quite as bad as when her health was infinitely worse, and herself hopeless of any cure being practicable.* Was my unfortunate suggestion of three years ago the cause of all this mischief? Was all the treatment in reality useless? or did the mind merely sympathise with the body, and was hope the consequence of returning health, while despair of cure was a mere result of the general morbid condition? These are questions that I cannot presume to answer dogmatically, but I will endeavour to accumulate evidence from the examination of other cases, which may throw more light upon this instructive though intricate subject.

CASE II.—A female, aged 35, unmarried, who had long suffered severely from continued mental anxiety, owing to the difficulty she had to support herself by dress-making, became a dispensary patient of mine nearly eight years ago; her health was very much broken; she suffered greatly from palpitation and intercostal neuralgia; was constantly dyspeptic; had repeated severe headaches, and had offensive otorrhœa of both ears, with partial deafness of one. She also presented in a marked degree the general characteristics of the class to which we are directing our attention, and had moreover, some dysmenorrhœa. As the sources of her anxiety continued unabated, it is not surprising that her improvement under treatment was very slow; as however she felt more comfortable under homœopathic than she had for years done under allopathic treatment, she continued to attend the dispensary regularly. After she had been under my care for about two years, circumstances led me to examine the uterus, when I detected considerable congestion and retroversion of the fundus uteri, with inflammation of the cervix and cervical canal. I at once commenced treating her mechanically, using Dr. Simpson's uterine sound, and replacing the uterus in its normal position regularly twice a week. This treatment had not been continued long, and the uterus had very little altered in its condition, when the patient informed me that she was going to be married, and asked me if I considered it prudent for her to do so. I told her that it might act either way, beneficially or otherwise, as I had heard of instances of both these consequences; as however her intended was very

urgent against delay, she resolved to run all risks, and married she was. After which her health rapidly improved, she soon became pregnant, bore a healthy child, and on examining the uterus some time after her accouchment I found it healthy and normally situated. Shortly after this her husband failed in business, and her anxieties returning upon her in full force, she again became quite an invalid, but leaving Brighton I lost sight of her.

This case is merely quoted to show that under the healthful influence of mental quietude even serious uterine disease may be overcome, irrespective of treatment; as however the fact of her having become pregnant soon after marriage might give room for the supposition that this condition of the uterus was a powerful element in the curative process, I shall quote another case.

CASE III.—Also a dress-maker, aged 28, and who in addition to the fatigues of her business, had to keep her father's house and to put up with a good deal of harrassing disoomfort, came under my care about two years ago, with marked symptoms of uterine disease, and upon examination the cervix was found elongated and very sensitive, while the os was patent and the cervical canal inflamed and excoriated; her general health too was very much affected, she was extremely weak; suffered much from pain in the left iliac region, and in the loins; and had considerable leucorrhœa; the sufferings at her period also were very great, and completely prostrated her. I resolved to treat this case solely by constitutional means, and under the influence chiefly of *bryonia* and *nux vom.*, with *hyoscyamus* at the period, she mended considerably, and I was considering the case as likely to prove very satisfactory, when she suddenly became worse and continued to lose ground rapidly. Strongly suspecting some mental cause I questioned her closely and discovered a love affair. She was engaged, her intended wanted to be married immediately, while she doubted the propriety of doing so until I could assure her that the uterus was cured; feeling that she could not explain matters to him, she was fretting herself with the fear that he would misinterpret her desire for delay. At first I told her that I doubted very much the pro-

priety of her marrying, but after the lapse of two or three months, finding that I could make no progress with her cure, owing to the continued anxiety of mind in which she was kept, I recommended the marriage to take place. As far as her mental state was concerned she now became calm and hopeful, but I soon found that sexual intercourse was aggravating seriously the uterine irritability, and I began to blame myself very much for permitting her to marry, when most fortunately she caught cold and an attack of gastric fever came on, this of course necessitated complete cessation of all local disturbing causes, she passed through the fever very favourably, and to give the uterus more time to recover, I pointed out the propriety of total sexual abstinence until she had quite regained her strength, and the result is that she is now and has been for some months perfectly well and free from any uterine symptoms worth complaining about.

In this case it appears to me that the mental anxiety prevented her being cured before her marriage, that sexual intercourse kept up the irritation afterwards, while the period of entire rest from all sources of local and mental anxiety during her attack of fever—for on the one hand she was not dangerously ill, and hence not alarmed about the issue of her illness, while on the other hand she is most comfortably and happily married—afforded the necessary condition for a speedy and complete restoration to health. This case therefore carries us one step further, by showing that pregnancy is not a necessary element in the kind of case to which I am referring.

CASE IV.—An unmarried lady, aged 30, who has been an invalid for many years, during the greater part of which time she has had the benefit of homœopathic treatment, became my patient four years ago: it would lead us far too much into detail were I to describe her case fully, but suffice it to say, that it was an aggravated one as regarded the general symptoms, while the uterine affection was limited to congestion and extreme sensibility of the cervix. Her disposition is painfully impulsive, and her position at home most ungenial to her tastes and feelings; for a long time I could make little or no impression on the case, but then her family left this neighbourhood, while she

went to live with some friends in order that she might remain under my care. Being now agreeably situated, her case progressed most favourably, and would in all probability have issued in a complete cure, had not an unfortunate circumstance arisen which caused her much anxiety and annoyance, and at once produced a relapse in her symptoms; she therefore returned to her family, and after a time was persuaded to take the opinion of an allopathic surgeon in London. He found congestion, enlargement and retroversion of the uterus, and the patient having also that peculiar distension of the abdomen which not unfrequently accompanies these cases, he asserted that she had large fecal accumulation in the colon. His proposed treatment however was not followed out, but the patient returned to Brighton and was once more under my care; her mind was again exposed to continual anxiety, and little or no progress was made.

About this time an event occurred in connection with another member of her family which so completely and unavoidably occupied her time and attention, that all treatment was suspended for some weeks, during which time the "*expectant attention*" being rendered dormant, great and manifest improvement took place, the bowels became regular, the distention of the abdomen went off, and the uterine symptoms were mitigated. Since which time her domestic circumstances having been settled in a quiet and agreeable manner, she has continued steadily to improve, and an occasional remedy for slight inter-current maladies is all that I have given her for many weeks past. From her present condition I feel satisfied that if her mind is kept easy, and she continues to have, as at present, useful and cheerful occupation, she will ere long be quite restored to health without the aid of any special treatment whatever.

Here therefore is a case where calling the mind off from attending to the symptoms, and removing the sources of anxiety and irritation, proved sufficient, without any change in the patient's social position, so that the physiological condition of the uterus remained unaltered.

Hitherto I have related only such cases as occurred among unmarried females, but I have met with the same circumstance

occasionally as influencing, in an equally marked degree, the progress of uterine disease in the mothers of large families.

CASE V.—A lady who has had eight or nine children consulted me for uterine symptoms, accompanied by considerable menorrhagia, and on examination I found considerable enlargement and induration of the cervix uteri, and especially of the anterior lip, which was conical, and about the size of the distal phalanx of the thumb. During some months the case progressed satisfactorily, though slowly, under homœopathic treatment, the menorrhagia was subdued and the enlargement of cervix uteri somewhat reduced; her husband however being dissatisfied, and thinking that a cure could be effected more rapidly, she was taken to London and the opinion of one of the great accoucheurs was asked. He advised the removal of the enlarged portion of the cervix by *potassa fusa*, and spoke of the case as requiring severe treatment during several months. Most fortunately they took alarm at this, and obtained a second opinion, which differed in so far from the first that much milder measures were suggested. The plan however not pleasing the lady, and the husband's mind being apparently set at rest regarding the necessary slowness of the cure, the case was left to nature, and the expectant attention being no longer directed to the uterus, the patient has become to all appearance well, and I have heard no more of her submitting to severe treatment of any kind.

In this case I have but little doubt that examination would reveal the cervix uteri unchanged, (for I have found this to be the case with other patients who were let alone,) but yet the general health has returned, and for all practical purposes the patient may be considered well.

We have thus a series of five cases, meriting the name of uterine in as far as the womb was affected, and yet all agreeing in this important particular, that the disturbance of the general health constituted the most prominent feature of each case; and I have endeavoured to point out the important part which the state of the patient's mind exercised over the progress and result of these cases. In the first we see grounds for suspecting that a mere suggestion was sufficient to direct the patient's at-

tenation so strongly to the uterus, that the subsequent course of the disease may be viewed as directly resulting from this condition of mind. In the second case we have first a marked instance of what Dr. Carpenter terms the "*anti-vital* influence" of anxiety and depressing emotions, combined with the particular fact that considerable disease of the uterus was cured spontaneously, after the patient's mind was set at rest, and during the occurrence of pregnancy. Case III, illustrates the same course of events with this difference, that the uterus recovered itself after the patient's mind was rendered calm and cheerful without the occurrence of pregnancy. In case IV, the whole health, including the uterus, is benefiting greatly by the cheerful condition of the patient, without any change whatever in the physiological relations of the womb: and in case V, a uterine malady, considered by high authority to require very energetic measures, ceases to trouble the patient when her *expectant attention* is drawn away from it, and the abnormal functions are rectified by homœopathic remedies.

What are the practical lessons that we are to learn from the consideration of these cases? I will not attempt to assert anything conclusively upon this point, as I feel that our investigations must proceed both further and deeper into the whole question of the mutual influences of mind and matter before we can feel at all confident that in our endeavour to give the mental influence its proper position, we are not treating too slightly the equally powerful effects which the state of the body exercises over the mind itself. I will therefore mould my thoughts and suggestions upon this subject into the form of a series of questions, which we shall all do well to weigh seriously and dispassionately, and which we should especially bear in mind when treating cases of this class, so that we may accumulate such evidence as will at length determine the question.

1. Should we not be very guarded in directing a patient's attention to the uterus in any case of general disorder complicated with uterine symptoms?

2. Would it not be better to avoid doing so, except where the symptoms are so marked, as to satisfy us that they must be made the subject of special treatment?

3. Where a patient's mind has been already directed towards and led to watch all uterine symptoms, ought we not to ascertain carefully the condition of the womb, and then make it the subject of special treatment, if needs be, or divert the patient's attention from it, if we find the affection too slight to require specific medication?

4. Should we not pay particular attention to the mental condition of all patients belonging to this class, and where necessary point out to the friends the very important part which this plays in the cure?

5. In selecting our remedies, ought not the mental and moral symptoms to be carefully studied, and a remedy chosen which best corresponds with these manifestations?

6. In our general study of the *materia medica* for the purpose of determining the remedies most likely to help us in this class of cases, should we not look out especially for those which produce that peculiar mental condition which characterizes them, viz., where the mind is morbidly susceptible of impressions, and where the bodily condition responds too sensitively to the mental state? *

In conclusion, I cannot pass by this opportunity of referring to a foot note at p. 224 of the *British and Foreign Med.-Chir.-Review* for July 1852, where the reviewer (apparently Dr. Carpenter) kindly expresses the hope that since I detected a fallacy in the so-called Magnetoscope, I shall be led by the same process of reasoning and experiment to detect a fallacy in the operation of homœopathic remedies—and I therefore beg to assure Dr. Carpenter that the method of explaining away their action to which he refers, has been present to my mind for many years past, and that I have constantly used it as a test of the positive or negative aspect of our mode of treatment, and while admitting, as indeed the above cases testify, that mental influence must oftentimes be viewed as the chief and most important agent in many of the cures under homœopathic

* I am very glad to find such cautions coming from Dr. Madden, as the case of spinal irritation which I published in the July number of this Journal, p. 481, is by no means a solitary example in my experience of a mischievous disregard of the totality of symptoms in favour of a special attention to the organs of generation, on the part even of homœopathic physicians.—[J. R. R.]

and every other kind of treatment, I nevertheless most confidently assert that let them strain this method of explaining recoveries to the utmost limit that it can legitimately reach, a vast mass of cases will still remain to bear testimony to the positive results of homœopathic treatment.

REVIEWS.

A TREATISE ON TYPHOID FEVER AND ITS HOMŒOPATHIC TREATMENT, by AUGUSTUS RAPOU, Member of the College of Physicians at Paris. Translated from the French by ARTHUR ALLEYN GRANVILLE. New York, Radde.

This volume of Dr. Rapou contains so much useful information, that in the present dearth of good practical treatises on the practice of homœopathic medicine, it is well worth its cost, and we have no doubt its perusal will tend to make the treatment of the formidable disease of which it is the subject more accurate and successful. Besides his own experience, Dr. Rapou has given us that of those whose long and extensive practice gives weight to all they advance upon a practical point, and the following observations of Dr. Anelli will be at once recognized as those of a good observer: "Typhoid fevers are frequent in Presburg, and have almost always a peculiar character. They generally commence by a very marked coldness, accompanied by a vertigo which lasts during an hour. It is replaced by an intense heat, which continues two days, decreasing little by little; then comes delirium, insensibility, and the patient dies insensible at the end of a few weeks in a state of profound stupor. Its most remarkable feature consists in the absence of abdominal symptoms. Under allopathic treatment most of the cases have a fatal termination. The same result takes place when left to the resources of nature. If a cure is being effected, then towards the end of the 20th day a complete deafness comes on; this critical phenomenon of good augury begins on the fifth day by homœopathic treatment, under the influence of which the mortality descends to zero. Bryonia is the medicine indicated, and sometimes suffices of itself to bring the disease to a good termination" (p. 55).

The following observations quoted from Bartle, upon the use of cold water, are not without their interest: "As I have before observed, if towards the end of the second period the remedies homœopathically indicated do not bring about any favourable reaction, if the intensity of the dry heat does not diminish, and if the exacerbations at night become stronger, I have recourse to the external application of cold water, to induce critical sweats; when this application is to be made I choose the moment of greatest heat, completely undress the patient, rub him briskly with a sponge, first of all dipped in lukewarm then in cold water. I then dry him immediately, and put him again to bed. This process is not always sufficient, and when it is not so, I place the patient in an ordinary footbath, sprinkle him several times with warmish then with entirely cold water; at the same time I have his whole body rubbed with the palm of the hand (this is a much gentler and more efficacious way than friction with linen recommended by Priessnitz). The change for the better manifests itself by a permanent diminution of the heat; respiration becomes easier; circulation is freer; the pulse normal; sleep quiet. In this state the patient is enveloped in a *wetted sheet* well wrung out, covered over with a dry covering; he is warmly covered up, and the appearance of perspiration is patiently waited for. If at the end of one hour it does not appear, the wet sheet is renewed, and another hour is passed; then if it does not come, and the heat increases, the sprinklings are to be renewed, followed by the wet sheets until the object is attained. The perspiration is generally profuse, and emits a strong odour. This generally brings about the crisis of the disease. Care must be taken during the envelopments or swaddlings to keep up fresh wet linens on the head, whilst the feet have only a dry wrapping. The wet cloths ought not to go below the ankles. When the heat is intense the lotions and swathings must be renewed every two hours, sometimes every hour. When the meteorismus is very severe, the cold linens on the abdomen must be combined with the general envelope of the wet sheet. When perspiration is produced, it must be kept up by frequent drinks of *clear cream*, broth, and water that has remained some time in the room. As soon

as the perspiration diminishes, or it is considered desirable to stop it, the whole body ought to be rubbed with lukewarm water, the patient placed in a clean bed, covered moderately, and we should entirely cease all hydrotherapeutic agents. Fresh air must often be let into the room, and the linen of the bed often changed" (p. 64).

ON THE PREVALENT TREATMENT OF DISEASE, by FREDERICK C. SKEY, *F.R.S. Professor of Anatomy and Surgery to the College of Surgeons, &c.* London: Chapman and Hall, Piccadilly, 1858.

The attention of homœopathists has during the last ten years been pretty well engaged by the assaults of the partisans of "active treatment" and "rational medicine," on the doctrines of Hahnemann. The campaign was opened by the "Homœopathy Unmasked" of that most veracious personage, Dr. Alexander Wood. The next distinguished assailant was the learned Dr. (now Sir John) Forbes, who followed up his gallant charge by sending a precocious wiseacre, scarcely out of his teens, to spy out the nakedness of the enemy's camp. The report of this ingenuous youth, it will be remembered, more than fulfilled the anticipations of his patron, and we were at a loss which to admire most, the cool complacency with which its juvenile author criticised the practice and pathological knowledge of veteran practitioners who had been labouring at their profession before he was born, or the simplicity of Dr. Forbes in admitting into his journal a report by his protégé, which flatly contradicted the admissions he had made in favour of homœopathy, and made out that the physicians he had allowed to be honest men and skilful pathologists, were neither the one nor the other.

The heavy artillery of Dr. Routh was the next important arm that was brought to bear against us, but the engineer was so unskilful, or the weapons he used were so unmanageable, that their recoil did more damage to friends than to foes, in other words, Dr. Routh's statistics, which were intended to demonstrate the "Fallacies of Homœopathy," served but to exhibit the inutility or worse of allopathy.

Dr. Bushnan, flushed with his victory over "Miss Martineau and her Master," next sought to overthrow homœopathy. For that end he concocted a most elaborate attack upon us, the weaknesses of which we have on a former occasion exposed. Since his arduous labours to annihilate homœopathy, Dr. Bushnan has been refreshing himself by dipping into Burton ale, and has published a lively account of his investigations into that more genial and exhilarating subject.

Our last assailant is the great Northern light, Professor Simpson, whose mosaic of abuse has been properly taken to pieces by a brother professor, as was most meet — *similia similibus*.

But while most of our assailants in their eager endeavours to upset homœopathy, explicitly or virtually represent their own "rational system" to be nearly, if not absolutely, faultless, we occasionally see from the tenor of the writings of some of the most illustrious of the old-school faculty, that all is not so serene as our immediate assailants would have us believe. Thus while Dr. James Johnson openly expresses his belief, that the world would be all the better without any physicians, surgeons, apothecaries, druggists, and drugs, and Sir J. Forbes thinks that "all active treatment" should be abandoned, a large class of the most scientific and experienced physicians at home, and especially abroad, are abandoning all drug-giving whatsoever.

As a "sign of the times," we may regard the work whose title is placed at the head of this article. Whilst Professor Simpson in the north volunteers to stand forth as the counsel for the old school against the new, as the advocate of "active treatment," *versus* "inert treatment," as ours is denominated, Professor Skey in the south is acting the traitor in the camp, and allopath as he is, is attempting to overthrow all that "active treatment" so dear to the allopaths, sanctioned by 3000 years of experience, and received as an article of faith by 999 medical men out of a thousand.

Mr. Skey's pamphlet contains two lectures delivered by him in the College of Surgeons, which met, he says, such "a kind reception," that he was induced to publish them. The first is on "Depletion." "How far," he asks, "is it compatible with

the soundest principles of pathology to combat disease by the agency of depletion?" and he proceeds to answer this pertinent question in the following strain.

The most frequent medicines used for all diseases are purgatives. Now, what, he asks, is the object or rather the excuse for this treatment? It is, 1, to free the bowels from extraneous or hurtful matter; 2, to lessen the tendency to inflammation. The first is comparatively a rare cause of disease, and the second object he maintains is not obtained by purgation. On the contrary he declares, and brings cases to prove, that depletion, whether by purgation or by bloodletting, increases the tendency to inflammation.

Health, he justly maintains, is *strength*, and disease, *weakness*, and he very properly declares it to be irrational and absurd to treat weakness by weakening means, as all depleting measures are.

He gives many instances illustrating the point, that not only do depleting measures increase and develop the tendency to inflammation, but that they are also the very worst method of treating inflammation itself when fairly developed. The object of treatment should be, he says, to raise the system up to the state of tonic health, and when that is effected, the disease which is the result of weakness ceases. So far we perfectly agree with Mr. Skey. Disease is indubitably weakness, and is only to be removed by raising the diseased part up to the healthy standard. We perfectly agree with our author in his statement, that depleting measures of all kinds are irrational modes of treating disease; and we have nowhere read, even in the works of homœopathists, more severe condemnation of the common practice of abstracting blood. We may quote one example—*instar omnium*.

"For many years I noticed the results of treatment of peritonitis by depletion, and it is remarkable how few were saved; and so almost universal was the same result, that for some years almost every case was in my judgment consigned to the grave, so soon as the resort to leeches was the practice adopted. You may abstract nine-tenths of the blood circulating within the body, and the cause remains behind, and now operating on debilitated vital

power ; whatever other cause the disease may be referred to, it cannot and ought not to be referred to the excess of quantity of blood itself, because it is notorious that inflammation is of more frequent occurrence after hæmorrhage, or in constitutions debilitated either by impure air, or the imperfect nourishment by food. Now it is quite obvious, that a man weakened by loss of blood, whether natural or artificial, is less able to withstand the effects of irritation of every or any kind than a man in tonic health is ; that he has less power of reparation or of recovery ; and that in abstracting blood in any considerable quantity, we are in reality depriving him of the only safeguard and support by which his powers may be re-established." (Page 12.)

"Conjointly with this theft of the great pabulum of his powers," he continues, "we not only carry off, by violent purgatives, the total nourishment that may yet be retained in his alimentary canal, but we bleed the mucous membrane by the encouragement of profuse secretion ; we sweat him with antimony, and we deprive him of food. And all this, and a great deal more, is perpetrated by science with a view to carry out and discharge from the system the only ingredient, by an ample supply of which in its full vigour, health can be restored."

Again he asks : "Upon what physiological or pathological principles is the practice of general depletion in inflammatory diseases founded ?" and he replies : "Science yields no sanction to this practice."

He shews the fallacy of the sign of the "buffy coat," and cupped appearance of the blood, as indications for depletion, or even as a proof of the presence of inflammation ; and he exposes the absurdity of the supposition, that the *proportion* of fibrine, granting its excess to be the cause of inflammation (which it is not), in the blood will ever be reduced by bleeding.

But we need not go into all Mr. Skey's arguments on this subject. Suffice it to say, he vigorously attacks the depleting system on every point, but as the arguments and illustrations he uses are those that are familiar to every homœopathist, it would be a useless waste of time to recapitulate them.

Having thus exhibited his destructive power in the first lecture, by overthrowing the almost universal plan of treating

disease by depletion, in the second lecture he shews his constructive power in proposing a totally opposite mode of combating disease.

It will not have escaped observation from the brief summary we have given above of Mr. Skey's pathological doctrines, that his is a mere revival of the pathology of John Brown, as he constantly reiterates the opinion that disease is a depression or weakening of the vital powers; we are therefore not the least surprised to find that his method of treatment is nothing but a modification of the stimulant plan of that vagabond medical philosopher. His second lecture is entitled, on the Treatment of Disease by Tonics, and his tonics are very much of the same kind as Brown's diffusible stimulants, viz., mulled port wine, brandy, opium, gin, and highly nutritious food; steel and bark are talked about and recommended, but they form but an insignificant item among our author's tonics.

We have not the slightest doubt that Mr. Skey's success with these agreeable tonics is infinitely greater in most cases, than that obtained by the partisans of active depleting treatment; but we are sure that his success would be still greater if he could amend his pathological doctrines so as to recognize the special irritabilities as well as the general irritability of the system, and adapting his therapeutic views to this pathological doctrine, perceive the importance of employing specific "tonics" (as he prefers that word) for the specific weaknesses of diseases.

Professor Skey is on the right scent, but he has failed to apprehend the whole truth of medicine, and as he has found that the depletion system is as unsuccessful as it is irrational, so he will doubtless some day find that the many varieties of human "weaknesses" or diseases, are not all curable by his gross general "tonics" or stimulants, such as mulled port, rum and milk, gin and water, and compound tincture of bark.

John Brown was a wonderful man in his time, and said a great many shrewd things, and told a number of truths that had a mighty effect on medicine, but the analytic spirit enters too much into the medical science of our day, to allow his gross synthetical pathological doctrines, and equally gross therapeutic deductions, to make much progress among the partisans of

"rational physic," and it is rather too bad to find a learned Professor in the year of grace 1853, serving up to us a mere *rechauffé* of Brownism, without a word of acknowledgment as to the source of his doctrines; nor does he seem to have the least knowledge of the admirable adaptation by Dr. Fletcher of what is fundamentally true in Brownism to the state of modern physiology and pathology; thus bridging over the chasm that separated Brown from Hahnemann. And it is no doubt as a consequence of this last ignorance, that he presents us with the monstrous anomaly of a revival of Brown's theories, without the slightest attempt at improvement of his practice.

JAHR'S AND POSSART'S NEW MANUAL OF THE HOMŒOPATHIC MATERIA MEDICA, *aranged with reference to well authenticated observations at the sick bed, and accompanied by an Alphabetical Repertory, to facilitate and secure a selection of a suitable remedy in any given case.* Fourth Edition. Translated by CHARLES J. HEMPEL, M.D.

The title of this book, which is nearly as long as the title-deed of an estate, describes so fully its design that it relieves us of all labour upon that score. The work consists of three distinct parts. First, there is Jahr's well known synopsis of the Materia Medica, a good many of the less important medicines having been omitted, then there is Possart's addition to the symptoms given by Jahr, and lastly, there is the Repertory. Of course it is rather a clumsy contrivance, giving Possart's appendix in the middle of the book, instead of incorporating it with Jahr's symptoms; but notwithstanding this awkwardness, the book will be found compact and useful, and being much more portable than the large works we are now in the habit of using, it will be a much more convenient *handbook* to take on a journey, or for the pocket of a doctor's carriage.

We owe the translation to the indefatigable zeal of Dr. Hempel, who has already contributed so largely to the stock of homœopathic literature.

THE GYMNASTIC FREE EXERCISES OF P. H. LING, arranged by H. ROTHSTEIN, translated by M. ROTH, M.D. London, Groombridge, 1853.

ATHENÆUM FÜR RATIONELLE GYMNASTIK, HERAUSGEGEBEN VON HG. ROTHSTEIN UND DR. A. C. NEUMANN. 1 Bd. 1 Hft. Berlin, Schroeder, 1853.

ATHENÆUM OF RATIONAL GYMNASTICS, edited by HG. ROTHSTEIN and Dr. A. C. NEUMANN. 1st vol, 1st pt. Berlin, Schroeder, 1853.

It does not fall properly within our province to enter into details respecting the peculiar system of physiological gymnastics invented by the Swede Ling, and now pursued by scientific men in all countries of Europe, but we may remark on the attention it is exciting, as evidenced by the above works. The first is a systematic work, descriptive of certain gymnastic or kinesitic movements that may be performed without machinery, and the chief object of which is to strengthen and develop the youthful frame. We are happy to find that our colleague, Dr. Roth, has put it into an English dress, a task of no mean difficulty, when it is considered that the system of Ling, being something quite new, has its peculiar technical terms, for which analogous words scarcely existed in our language. Dr. Roth has consequently been under the necessity of inventing a series of new terms, and though they sound at present strange and uncouth, we have no doubt, looking at the status the system is rapidly obtaining in this country, that its technicalities will soon be "familiar in our mouths as household words."

The second work mentioned above, is the first number of a quarterly periodical, devoted solely to the elucidation and development of Ling's system. The articles in this first number are well and moderately written, and one gives an interesting account of the extension of Ling's system throughout Europe, by books for instructing in its peculiarities, and by institutions for its practice.

Knowing as we do from experience the good effects of these active and passive movements in the treatment of many otherwise intractable forces of disease, we are glad to see the progress this excellent and rational system is making.

HOMŒOPATHIC INTELLIGENCE.

Homœopathic Congress.

THE fourth annual meeting of the congress of the homœopathic practitioners of England was held in the large room of the Albion hotel, Manchester, on Thursday evening, August 4th, when the following gentlemen were present:—Dr. Drysdale, Liverpool; Dr. Walker, Manchester; Mr. Holland, Rochdale; Dr. McLeod, Ben Rhydding; Dr. Luther, Dublin; Dr. Atkin, Hull; Mr. Brooks, Warrington; Mr. W. P. Harrison, Manchester; Mr. Engall, London; Mr. Frith, London; Mr. Smith, Sheffield; Mr. Phillips, Manchester; Dr. Black, Clifton; Mr. Gillow, Clifton; Dr. Fearon, Birmingham; Dr. Walter Johnson, Birmingham; Dr. C. Phillips, Manchester; Dr. Tuckey, Preston; Dr. Epps, London; Dr. M'Donald, Manchester; Dr. Patrick, Manchester; Dr. Pope, Derby; Dr. Cameron, Huddersfield; Dr. Lawrie, Edinburgh; Mr. Clifton, Northampton; Mr. Pearce, Northampton; Mr. H. Turner, Manchester; Mr. T. Chester, London; Mr. Brown, Manchester; Dr. Ramsbotham, Huddersfield; Dr. Sharp, Rugby; Dr. Dunn, Doncaster; Dr. Blake, Taunton; Dr. Irvine, Leeds; Dr. Russell, Leamington; &c., &c. After the company had all assembled,

Dr. DRYSDALE, of Liverpool, was called to the Chair.

He opened the proceedings by expressing his gratification at seeing so many homœopathists gathered together, as it must be extremely pleasant, and profitable, and satisfactory to them all. They were peculiarly situated, even as medical men, and it must be a satisfaction to them to have the opportunity of meeting with those who had the same intellectual pursuits, and above all, were homœopathists. They were isolated from each other often to a great extent, and isolated from their professional brethren, and it was of great importance that they should have the opportunity of meeting together, as they could not fail to derive advantage from seeing and conversing with each other. Any little differences they might have would be sure to be cleared away; at all events, they would appear less, and the great principle which united them would appear greater in consequence of the conversation which they should have with each other. He then called upon Dr. Walker to read the minutes of the last meeting held at Edinburgh.

Dr. WALKER said he had the books in his possession, but the minutes seemed not to have been kept. In accordance with the instructions of the last meeting he had sent circulars twice to all the homœopathic practitioners in the three kingdoms, and he had received letters from forty, apologising for not being present.

In accordance with the usual custom, Dr. SHARP, of Rugby, then read an address, which will be found at p. 529.

After the paper had been read, the Chairman thanked Dr. Sharp, on behalf of the meeting, for his excellent address.

At the conclusion of this paper, a discussion took place as to the accumulation of medicine in the body, and the treatment of cases in which it had occurred. An opinion was generally expressed that medicines, especially mineral ones, such as lead, mercury, arsenic, &c. did accumulate in the system, and several cases of this sort were mentioned, which had been treated with success either by homœopathy alone, or by homœopathy and by hydropathy combined. Two gentlemen, Drs. Russell and Dunn, stated that they had experienced difficulty in treating the accumulation of fat about the heart homœopathically. Towards the conclusion of the discussion, Dr. Epps addressed the meeting upon the general sufficiency of homœopathy.

The last Congress appointed a committee to ascertain the opinions of the profession as to the formation of a medical council, for the purpose of enrolling legally-qualified practitioners of homœopathy. Dr. Fearon of Birmingham, one of that committee, now reported that they had sent circulars to all gentlemen whose names were in the Homœopathic Directory; and that they had received answers from seventy-eight practitioners, of whom nine disapproved of the council entirely, eleven approved conditionally, and fifty-eight approved absolutely. After a short discussion it was resolved, upon the motion of Dr. Dunn, seconded by Dr. Black, that as there was not at present sufficient uniformity of opinion amongst the homœopathic body on this subject, its consideration should be indefinitely postponed. It was then resolved that the next meeting of the Congress should be held at LEAMINGTON ON THE SECOND WEDNESDAY AND THURSDAY IN AUGUST 1854. Dr. Russell moved that the President of each Congress should always continue to hold office till the meeting of the following Congress. This motion was seconded by Dr. Sharp and unanimously agreed to.

The proceedings of the Congress were resumed on Friday at noon,

when Dr. Drysdale again took the chair. Dr. Blake addressed the meeting on the botanical properties of the *Bryonia*. He stated that his experience went to shew that the effects produced by *Bryonia dioica* and *Bryonia monœcia*, when administered as medicines, were precisely similar; and other gentlemen said their experience corroborated that of Dr. Blake.

Dr. Russell read a paper detailing the results of some experiments upon the effects of the poison of the *Naja tripudians*, which will be found at page 591. A conversation followed as to the mode of diet which should be adopted during the proving of a medicine, and it was thought advisable that if stimulants were to be discontinued, that should be done some time before the proving commenced, or else the previous system of living ought to be continued.

The Chairman next called upon Dr. Epps to read his paper.

Dr. Epps intimated that he had prepared no paper, but he would address them extemporaneously. As they were met in Manchester it might be rather interesting to notice some of the circumstances connected with the progress of homœopathy in Manchester. The first circumstance connected with the development of homœopathy in Manchester was associated with a most extraordinary occurrence, which had proved the foundation for an immense quantity of abuse to be heaped on homœopathy. Madame Malibran came down here from London, in a bad state of health some time ago, and was made to *encore* one of her most difficult pieces. The result was that she fainted, a medical man jumped upon the stage and bled her, and then Dr. Belluomini was sent for from London and came down to see her, and the ultimate result was that she died, and of course the homœopathic doctor received great blame, although Madame Malibran had come down to Manchester to sing against the instructions of her medical adviser. He then detailed various incidents connected with the diffusion of homœopathy in Manchester of too local and personal a character to admit of being fully reported in this Journal.

A long discussion followed upon the subject of the dose and of the best form of administering the medicines, whether in tincture or as globules.

Dr. Lawrie gave an account of the progress of homœopathy in the North.

Dr. Russell moved a resolution appointing Dr. Black, Dr. Irvine, and Dr. Atkin, as a committee to report to the next Congress what

they considered the most convenient form for homœopathic prescriptions. The resolution was carried unanimously.

Dr. Atkin, Dr. Madden, and Dr. Black, were appointed as a committee for the purpose of forming a recognised pharmacopœia.

Dr. Epps then called the attention of the Congress to a printed document which he held in his hand, which stated that the College of Physicians were trying to get the sanction of Government to a charter, but they could not, as there were pains and penalties in it which they must have act of parliament for; but it was feared that during the cessation of parliament they would get a charter, which the Queen could give them in council. By this charter all practising physicians would be admitted, but not without a certificate of professional character, to be approved of by the censors, and he was sure no censor would approve of a homœopath. All future practitioners were to pass through an examination, but no man practising homœopathy would ever pass that examination. And by another clause in this charter any man was liable to be punished by the censors, if they considered he did anything contrary to their bye-laws. He exhorted them to exercise their influence with the members of parliament in their several localities, to prevent the College of Physicians obtaining this charter.

The meeting was then adjourned to THE SECOND WEEK IN AUGUST, 1854, and a vote of thanks to the Chairman terminated the proceedings.

In the evening the members of the Congress dined together at the Albion, a most excellent dinner having been served up. Dr. ATKIN, of Hull, occupied the Chair, and after the cloth had been withdrawn, proposed the health of "The Queen," which was drunk with enthusiasm. He next proposed "Prince Albert, and the rest of the Royal Family," and expressed a hope that they should have the Prince presiding at one of their annual homœopathic meetings. After the "Army and Navy" had been drunk, the CHAIRMAN gave "Prosperity to the Cause of Homœopathy," coupling with it the name of Dr. Drysdale. The toast was drunk with applause.

Dr. Drysdale returned thanks, and hoped they should show their zeal for the cause by meeting together every year.

Dr. Ramsbotham proposed "The Memory of Hahnemann," which was drunk in silence.

Mr. Holland, of Rochdale, proposed "The City of Manchester,"

coupling with the toast the name of Mr. Heron, who had honoured them with his company.

Mr. Heron responded to the toast, and in alluding to the building opposite—the Infirmary—expressed a hope that one wing of it might yet be devoted to the use of homœopathic patients.

Several other toasts were drunk, and the company separated about ten o'clock. During the evening Mr. William Barlow and a party of vocalists were present, and added much to the harmony of the proceedings.

Revival of the Persecution of Homœopaths in Germany.

In our last number we gave an extract from a German newspaper, wherein it was stated that our able colleague, Dr. Kallenbach, of Frankfort on the Maine, had been summarily expelled from that town, in consequence, it was alleged, of the extensive character of his practice. We half doubted the statement, believing that such a preposterous cause could never have led to the expulsion of a learned and industrious physician, an act so contrary to the enlightened and liberal spirit of the age, and so inconsistent with the style and title of *Free Town* which Frankfort claims. It turns out, however, that the paragraph in question stated nothing but the truth, as will be seen by the following letter from Dr. Kallenbach himself, which he has recently addressed to the editor of our German contemporary, the *Allgemeine Homöopathische Zeitung*.

“Esteemed Friend,—You have already appealed twice to me in your columns, to publish the particulars relative to my expulsion from Frankfort. I have purposely kept silence as long as I had left no stone unturned to obtain a reversal of the injustice done me; but now that I have broken down the bridge behind me, and have made up my mind to quit this neighbourhood, there is no reason why I should defer the publication of what has occurred, so as to prevent the propagation of false reports, which have already begun to be circulated.

“At the instigation of Dr. Taubes, Physician in Ordinary to the former Vice-Gerent (Archduke John of Austria), I received a written request from a number of distinguished citizens of Frankfort (among whom I shall only mention Messrs. Von Rothschild, Von Bethmann, Grunelius, Mumm, and Andreä), to settle in this city, and undertake the treatment of their families, and those of others whom Dr. Taubes had converted to homœopathy during the eighteen months of his residence here. Accordingly I came here in January 1850, and without the least opposition from any of the public authorities, I at once entered on the whole of the practice of Dr. Taubes. As early as February, I addressed

a petition to the Senate, requesting the right of citizenship, and permission to practise physic, at the same time expressly declaring *my readiness to undergo the usual medical examination*. My petition was accompanied by a memorial from about fifty respectable inhabitants, expressing their desire that my settlement should be facilitated as much as possible, as the want of a homœopathic physician was very much felt. In consequence of my petition, there were delivered to me various documents, relating to my means of living, and other attestations and certificates; all of which formalities I duly complied with in July 1850, when I again expressed my willingness to submit to the customary medical examination. What was my surprise then in August, to receive the following laconic refusal, dictated by the Sanitary Board—"Your request cannot be granted"? No reason was assigned for this cavalier refusal. I was advised by all my friends, some of whom were the most influential members of the Senate, not to take any further notice of the matter, as it was not intended to interfere with me in the practice of my profession. I incautiously was induced to follow this advice, and took no further trouble in the matter, but just let things take their course. In the autumn of the same year, a complaint was laid by several physicians on account of the inordinate extent of my practice, and I was summoned by the Sanitary Board, either to conform to the regulations respecting the licensing of practitioners, or to retire from practice. I now renewed my application to be regularly admitted to the right of citizenship, and to be duly licensed as a practitioner, and for the third time I offered myself for examination. This time I backed my application by the recommendation of the most distinguished among my patients, and some of the members of military commission of the Diet residing here took up my cause so warmly, that every one thought my success certain, and even the second magistrate, in whose hands the admission of strangers to the the right of citizenship lay, several times asserted that there was no doubt my application would meet with a favourable response, as I was supported by all parties. Nevertheless on the 8th February, I was officially informed—"that my application could not be entertained"—*this time also without any reasons being assigned*. At the same time I was formally interdicted from practising, and it was intimated to me, that I must either submit to the decree or leave the town; whereupon, at the end of April, I retired to Bockenheim, ten minutes drive from Frankfort, and there I continued to visit my patients as before.

"Such are the facts—such the official proceedings in the affair. But the cause of these proceedings lies beyond the mere official acts, and is to be found in the hostility of the allopathic practitioners. It would occupy too much space to trace out the whole concatenation of hostilities, insults, and systematic calumnies; I will therefore allude only to the principal ones. During the commencement of my residence here, the practice that

I inherited from Taubes was exclusively limited to the highest diplomatic circles among the distinguished foreigners, who were here from the time of the Parliament and the interim government, together with about a dozen rich merchants. As these were considered as good as lost, my colleagues contented themselves with contemptuously ignoring my existence, and when opportunity presented, behaving uncivilly to me. Some cures, particularly one of a lady recently confined, who had been badly treated and given up by the allopaths, soon procured me patients among the well-to-do middle classes of the *bourgeoisie*; and as one family after the other gradually emancipated itself from the emetic and purgative treatment, and came over to homœopathy, my opponents, a large number of whom have not more than three or four patients to visit daily, and eke out their livelihood by doing a bit of man-midwifery when occasion offers, sought about to obtain a vent for their spleen. It was industriously represented that I had not received a proper medical education, and was unable to pass an examination. The principal physician of the town, Dr. Mappes, at one of the weekly meetings of the Medical Society, proposed a formal act of proscription, to the effect that no physician should consult with me at the sick-bed, nor sign a death-certificate with me for any patients who might die under my treatment. This proposal was carried by acclamation. Drs. N. Mappes and Stiebel were very zealous in carrying out this resolution, and peremptorily refused to hold consultations with me, which I never would have dreamt of asking them to do. All this, however, seemed to make but little impression on the public; in spite of the ludicrous tales and tattles that were circulated respecting my proceedings at the sick-bed, the number of my patients went on increasing, and the afflux of patients whom I had to visit in and out of the town, as also in the neighbouring country, was in the last year often so great that I had about fifty patients to visit daily, and was often forced to put some of these off till the following day. This state of things was, as one of my opponents said, too bad; so the Sanitary Board (which consisted of four municipal doctors and the second magistrate for the time being), which, in consequence of his unfavourable report to the Senate, had rejected my petition, now proceeded to forbid me to practise, and it was officially intimated to me, that many complaints had been made respecting the too great extent of my practice. Even my presence in Bockenheim was felt to be inconvenient. The Sanitary Board, through its president, the second magistrate, officially intimated to the Hessian government, their wish that it should refuse to allow me to reside at Bockenheim, but as the authorities at Cassel would not consent to do this, I was persecuted with carefully prepared denunciations for dispensing my own medicines, and consequently punished by pecuniary fines.

“All this took place at the instigation of the medical practitioners, who are omnipotent in Frankfort, as they have a powerful voice in the legisla-

ascribed to the political fears of the notorious minister who signed the order, Herr von Hassenpflug—or Hessensfluch (Hesse's curse) as he is familiarly termed by those subjected to his benevolent sway.

Homœopathy in France.

During the past year the allopathic medical societies of Paris have followed the noble example of their English representatives, and have hastened to pass resolutions declaring that any of their members who should be found guilty of meeting a homœopathist in consultation, should be forthwith expelled.

The success in practice, and the great extension of homœopathy in France, has probably contributed, along with the English initiative, to hurry on the Parisian medical societies to such sapient acts. Among the most remarkable, or at all events the most notable of the recent triumphs of homœopathy, is the case of Marshal St. Arnaud, by our friend and colleague, Dr. Chargé of Marseilles. It was notorious that this well-known Marshal left Paris by the advice of his medical attendants, in a state of health that inspired his friends with the greatest alarm for his life. He was advised to go to the south of France, and when at Marseilles he was persuaded to consult Dr. Chargé, who effected a rapid and unexpected cure, so much so that the Marshal has for some months been enabled to resume his post in the ministry.

As the Marshal has written two letters which have already appeared in the French newspapers, on the subject of his cure, we think our readers may be interested by their reproduction in our pages.

The first is addressed to M. le Comte Henry de Bonneval, and is published in the Bordeaux Journal, *La Guienne*. It is preceded by the following short note from M. de Bonneval.

“ All the world knows that Marshal St. Arnaud, minister of war, left Paris some time since, affected with a disease which was held to be incurable by the most eminent medical men of Paris. When he reached Marseilles the disease increased every day in severity ; the speedy decease of the Marshal was every where announced. Homœopathy was applied to, and the new system has now another cure to add to its triumphs. We wrote to the Marshal,—we requested him to confirm the fact as we have stated it, and we confess we took advantage of the opportunity thus offered us of asking his powerful support in favour of homœopathy. We received the following autograph reply.”

“ Paris, 5th May, 1858.

“ Monsieur le Comte,—You do me the honour to ask me if it is true, that when lately affected with a serious disease, I owed to homœopathy

benefit to the public health, he will not permit narrow-minded rivalries to paralyse its development.

“ Accept, Sir, the assurance of my distinguished consideration.

“ MARECHAL A. DE SAINT ARNAUD.”

Dr. Chargé has been to Paris, the papers have announced to us, and has been kindly received by the Emperor. It remains to be seen what effect this cure of Marshal Saint Arnaud will have upon the position of homœopathy in France.

Report of the Annual Meeting of the Central German Homœopathic Society.

The meeting took place this year at Magdeburg in place of Cassel, as originally proposed, the political affairs of the latter city not admitting of any such assemblages. Dr. Schneider was the President, and about 24 homœopathists constituted the meeting.

Dr. Goullon forwarded a paper upon a subject that seems to occupy everlastingly the attention of our German colleagues, to wit, Jenichen's potencies. He expressed a desire to know their exact nature, which in spite of the revelations of Rentsch and Hering, still seemed to him to be veiled in obscurity. The discussion which followed left matters exactly as it had found them.

Dr. Hirschel brought forward a proposition that some standard scale of dilutions should be adopted by all, especially by German homœopathists. He expressed his preference for the so-called decimal scale, or the proportion of one of the medicine to ten of the vehicle. Dr. Hartlaub was of opinion that no fixed scale could be adopted, as the centesimal and decimal scales had each their peculiar advantages, and the one could not supersede the other.

Dr. Hirschel next proposed the establishment of a regular proving society. The necessity of such a society was strongly felt by the meeting, but it was judged proper not to engraft such a society on the central society, but rather to make it the subject of a private union.

Dr. Käsemann read a paper on the subject of homœopathic posology. Dr. Braun found fault with the plan adopted by Wurmb and Caspar in the Vienna hospital, of giving the 30th dilution throughout. He alluded to the want of attention to diet on the part of many homœopathists, and mooted the subject of venesection in some cases of disease. Dr. Würzler, in allusion to some expressions of the last speaker, was proud to confess himself a Hahnemannian. He proceeded however immediately afterwards to speak of a most un-Hahnemannic practice which he was very fond of, viz., the local external employment of remedies. He recommended *aconite*, *arnica*, and *calendula*, externally in wounds. In case of suppuration, salves containing *arnica*, *calendula*,

MISCELLANEOUS.

An Allopathic Grievance.

The following serio-comic complaint of a correspondent of the *Neue Medicinisch-chirurgische Zeitung*, in the number for March 1853, gives us an indication of the progress of homœopathy among the heads of the profession in Germany. The worthy complainant after mentioning the appointment of Dr. Rapp, as Professor of Clinical Medicine in the University of Würzburg, goes on to say: "I can assure you that he is a homœopath of the purest water; I have heard him prescribe for the patients dilutions of Silicea, and such like. No doubt science ought to be perfectly free; and it cannot be denied that the present results of the treatment in the hospital are not less favourable than they were formerly; still here in Wirtemberg homœopathy is not so emancipated as that it ought in the clinical chair of our only University to push aside positive medicine in this fashion. It is to be hoped that matters will shortly be put on a better footing, and we look for aid from a higher quarter."

Preservation from Cholera by Metals.

It will be remembered by many of our readers, that Hahnemann in one of his *brochures* respecting the cholera, makes mention of the fact, that in Hungary, during the epidemic of 1831-2, many individuals obtained complete exemption from the pestilence by wearing next their skin a plate of copper. This observation might have probably remained unnoticed had not our attention been recently directed to it by some corroborative circumstances relating to the prophylactic powers of certain metals, alluded to by our industrious colleague, Dr. Burq of Paris, who is familiar to the readers of this Journal as the discoverer of a method of treating many diseases by the application of metallic plates to the person. In a former volume we gave a notice of the inaugural thesis in which he first enunciated his peculiar views as to the nature of certain diseases, and their treatment by the method just alluded to.

In a recent pamphlet, published by him this year, entitled *Métallothérapie*,* giving an account of the further development of his system, there is a chapter on the prophylaxis and treatment of cholera, which may prove interesting and valuable at this time, when we have again a visitation of this oriental pestilence. We think it best to translate the chapter bodily, and leave our readers to draw their own inferences from the various facts there detailed.

* Paris, G. Baillière, 1853.

"One day in April 1852, business having brought me to a large copper foundry, at No. 22 Rue des Gravilliers, I learnt accidentally in conversation that all the workmen and inhabitants of the establishment, amounting to about 200, had escaped the cholera, both in 1832 and in 1849. This fact of perfect immunity, though it might only have been the consequence of a lucky accident, struck me at first with surprise, and led me to ask myself if the metals had not perhaps some other properties in reference to cholera than those I have ascertained them to possess* during the late epidemic. However, the circumstance had almost escaped my memory, when the same observation continued to present itself with a sort of tenacity, particularly in three other copper foundries in the same street (Nos. 20, 46 and 35), where from 4 to 500 workmen and inhabitants had all remained as perfectly free from attacks of the disease as those of No. 22.

"This novel and surprising immunity was far from being referrible to the salubrity of the quarter, to the state of the houses themselves, which were all as poor in external appearance as those where foundries are generally located, or to the hygienic measures adopted by the inhabitants. The mortality among the neighbouring houses was considerable. It was impossible for me to see nothing but a simple coincidence in the matter. From that moment I gave myself no rest till I succeeded in ascertaining with certainty the remarkable properties of copper, which at first I only suspected. In order to obtain this important result, I devoted myself five months to make a vast enquiry, the principal results of which I shall now detail. I personally visited, in Paris alone, nearly 400 houses, factories and establishments, of all the trades connected with the metals, from the humblest shop, where there were only 4, 5 or 10 workmen, up to the largest establishments, where, as in that of MM. Cail and Cavé, they numbered some hundreds; from the iron foundries of the Faubourgs Saint-Marceau and Saint-Jacques, and the letter foundries of Vaugirard down to the factories of MM. Lagoutte, Calla, Gouin and Farcoux, at La Villette, La Chapelle, and Saint-Ouen; from the vast manufactories and foundries of MM. Cail and Co. at Chaillot and Grevelle, down to the manufactories of brass wheels of the Faubourg Saint-Antoine, not omitting the manufactory of bronzes of Le Marais.

"I put myself in communication with the presidents, treasurers and secretaries of the different associations of workmen; with the heads of the locksmith, farrier, and kettle-makers' associations, and I often interrogated the workmen themselves in their taverns and lodgings.

* Allusion is here made to the wonderful effects observed by Dr. Burq from the use of large rings of brass, in the violent cramps peculiar to cholera. A ring of this metal placed on the limb affected with cramp, immediately put a stop to that painful symptom. In this manner he treated with perfect success (as far as the cramps are concerned) some hundreds of patients in the hospitals of Val-de-Grace, Hôtel Dieu, Saltpetrière and Cochin.

“ At the same time, I wrote to the proprietors, directors or doctors of the principal forges, wire manufactories, metal pot factories, &c. of the departments; to the mayors and magistrates of towns, where, as at l’Aigle and Villedieu, the population is almost entirely occupied in the manufacturing of metal goods. I requested from each of those persons information relative to the course of the cholera in their locality.

“ Not contented with having obtained precise information respecting a large number of individuals, not less than 100,000, I applied to the ambassadors of England, Sweden and Russia, to Professor Huss of Stockholm, to the Comte de Montferrand, architect to the Emperor of Russia, and director of the Siberian mines of Prince Anatole Demidoff, who give me information respecting 46,500 miners of both sexes; I also applied to the largest metallurgic establishments of Europe, to the cutlery manufactories of Sheffield, to the smelting establishments of Wales, to the copper factories of Birmingham, to the mines of Phalen and Linkoping in Sweden, to the mines of Stolberg, of Silesia, &c. I ransacked all the precious statistical documents published by the cholera commission of 1832. After five months of correspondence, researches, and labours of every sort, which gave me the most gratifying results in reference to a gross number of more than 300,000 individuals, I considered myself in a position to address a memoir to the principal academies and learned societies of Europe, on the discovery of a method of preservation from and cure of cholera; and as in the dead of winter we were threatened with a fresh invasion of the pestilence, I proposed to Government that it should send me on a mission to St. Petersburg, in order to study there the preventive and curative effects of the metals.

“ The conclusions I drew from my remarks are as follow :

“ 1. During the two epidemics of cholera which ravaged France in 1832 and 1849, the metals, in every case where I could obtain precise information, generally exercised in all the trades where they are much employed, an influence not less happy than manifest.

“ 2. This influence, so evident, that it is astonishing it has excited so little attention, is especially remarkable as regards the different trades where bronze and brass are used, and is so in less degree as regards those where the various qualities of steel are employed, but as we descend the scale of the trades, the summit of which is occupied, on the one hand, by the alloys of copper, on the other, by the carburets of iron, steels, and the base by these two metals in their present states; the mortality from cholera goes on increasing until it sometimes rises to the average for iron, and attains a pretty high figure for copper, without, however, ever going beyond the average.

“ Thus, for 1000 workers in steel, who in 1849 scarcely shewed three or four deaths from the epidemic, we find the workers in simple iron, numbering from 200 to 250, having five deaths among them; and if all

the musical instrument makers, to the number of 600, shew only two deaths in 1832 and 1849, the trade of copper-pan makers alone, which numbers about the same amount of hands, shews a figure double of the last, viz., from four to five in the last epidemic alone.

“3. The protection exercised by the metals appears to have been of two different characters, *preventive* and *curative*. Its preventive action no doubt occurs *directly*, by contact with and in proportion to the protective metal; *indirectly*, by simple propinquity, just as all persons in the neighbourhood of a lightning conductor are protected; at all events it is only in this manner that we can explain the considerable preservation enjoyed by almost all the residents and officials in copper foundries, unless we are to attribute it to the fine particles of the metal raised in the form of dust in the workshops, or some peculiar effluvium exhaled by the metal.

“4. The power of preserving from cholera seems to belong in equal degree to all the metals, equally well placed in the electric scale; and if we meet with it particularly in brass and steel, it is probable that these two metals, possessing in supreme degree electrical and magnetic properties, produce a favourable modification of the perturbations of the like character, in the midst of which the cholera miasm can perhaps alone commit its ravages; this last supposition is rendered still more probable by the fact that we do not find the protection exercised in an equal degree in trades where the metals used are precisely the same, when, as in the watchmaking trade, great pains are taken to grease or oil the pieces of metal.

“5. The *curative* power, on the contrary, seems to be confined to *copper* only, which exerts the same power over the cholera miasm that sulphate of Quinine does over ague. This remarkable property has been observed by me on many occasions in the most indubitable manner; certain workmen or directors of a copper foundry having been preserved from the most serious symptoms of the commencement of cholera, because they have continued to live in the midst of the copper dust and emanations, whilst others, less fortunate, have paid with their lives their speedy removal from the workshop.

“The preventive and curative properties of copper must be very great, seeing that in all the letter foundries, where copper enters so sparingly into the composition of the alloy used, only two men died in 1832 and 1849, and that in 1849, the trade, which, assuredly, from their well known intemperate habits, and bad hygienic conditions, seemed marked out for the most fearful ravages of the pestilence—I allude to the copper foundry at Paris—did not lose more than 8 out of 1300 individuals. Among the victims, one was a hardened drunkard, who used to drink enormous quantities of brandy; another was an apprentice, and two were already greatly indisposed; one was seized on a Sunday, when not engaged at the foundry. This remarkable

circumstance has occurred so frequently on every occasion when I could ascertain the details respecting the death of each of the workmen, that I cannot help attaching to it a great significance.

“ Finally, the cholera commission of 1832, has afforded, without knowing it, striking corroboration of my observations.

“ 1.—By stating in its statistics, that the trade most exempt from the cholera, was that of the brass manufacturers.

“ 2.—In showing a low rate of mortality in the Rue de Lappe (Faubourg Saint-Antoine), a street inhabited by a set of persons very careless about their habits of life and hygiene; and also in all the Quartier Saint-Martin-des-Champs, which is so full of lanes, courts and passages of all sorts, but where, on the other hand there are depôts and numerous manufactories of all sorts of copper and steel instruments; whilst they shewed a mortality sometimes of the most appalling character throughout an adjacent quartier, only separated from the first-named by a single street, the Rue Saint Martin, but where the metals disappear, and instead of them we find drugs, mercery, bonnets, &c., &c.

“ *Conclusion.*—The alloys of copper, brass and bronze, the carburets of iron, called in commerce English and German steels, applied to the skin largely and permanently, are a valuable means of preservation in an epidemic of cholera, which should not be neglected, seeing that no inconvenience whatever can attend its use; and if the relative preservation which these two metals appear to me to afford leaves anything to be desired, perhaps their effects might be assisted by a few pinches of very fine powder of brass or steel, taken by the nose like snuff, and as an extreme precaution, by large plates of brass and steel which it would be easy for people in good circumstances to conceal in their rooms.

“ In the treatment of cholera, copper, given at an appropriate time, either alone, or combined with agents which, like Opium, have received the sanction of experience, either in filings or in some other form, of which practice will no doubt soon reveal the appropriate dose, has the greatest prospect of becoming, in the hands of skilful practitioners, a powerful means of cure.”

We need hardly remind our readers, that Cuprum is at once the homœopathic prophylactic and remedy in Asiatic cholera; though of course it is not the least likely that Dr. Burq knows anything about its employment by our school.

If these facts relative to the preservative powers of certain metals from cholera be true, and they seem well authenticated, may not (as was suggested to us a short time since by a philosophical friend) the alleged prophylactic efficacy of those blessed medals and effigies of saints, so frequently worn by Roman Catholics, be owing as much to the metal they are made of, as to the Pontifical blessing they have received?

Physiological and Therapeutic Action of Sumbul.

In Vol. ix will be found a valuable proving of Sumbul, by our zealous and energetic friend, Mr. W. Cattell, and we have now before us in a small work by Dr. Altschul, of Prague, the results of his experiments with the same substance, performed on himself and several others, whom he united into a society for the proving of medicines, the first-fruits of whose labours are experiments to ascertain the physiological action of Sumbul.

Dr. Altschul's proving society consisted of six individuals of various ages and constitutions. The preparations of Sumbul used were the mother tincture, the dilutions and the triturations. The tincture was prepared by macerating a drachm of the Rad. Sumbul in an ounce of Alcohol for twenty-four hours, at a temperature of 18° R., then pressing the fluid out of the root, and filtering. An aqua distillata Rad. Sumbul was also prepared by putting one part of the root in twelve parts of water, letting it macerate twelve hours, and then distilling one-fourth part of it.

1. Dr. Altschul himself made experiments with the medicine. He is 45 years old; of a rather delicate constitution; subject to rheumatic affections and catarrhal diarrhoeas, especially if he gets his feet wet; otherwise quite well. On the 2nd April, in the forenoon, he took ten drops of the mother tincture in distilled water. Ten minutes afterwards, he experienced slight confusion in the head, with moderate pressing and contractive pain in the left half of the forehead, and a dizzy, wavering sensation before the eyes; also stupifying pressure in the eyes, with transient dimness of vision. He considers the headache to have been more nervous than congestive. The circulation was perceptibly accelerated; the temperature of the skin elevated. The turgescence towards the head lasted scarcely an hour, and he felt not only unimpaired in health, but even more cheerful in humour, and more disposed for intellectual occupation. He felt in the happy, enthusiastic state of mind that accompanies the consciousness of having performed a noble deed. This sort of medicinal intoxication went away in a few hours. The sleep at night was dreamless, peaceful and refreshing, but next morning he felt tired and prostrated. The thinking faculty was somewhat disturbed.

The effect on the gastric system was more powerful. Soon after taking the Sumbul, there occurred eructations, with the distinct musk smell. The appetite was increased; dinner was eaten with great relish. On the day he commenced the medicine, he had diarrhoea, but that ceased after taking the Sumbul, and the contrary state, viz., constipation, came on, and lasted two days.

The secretion of urine was notably diminished on the first day of the trial, and it had a strong ammoniacal odour.

Ten days afterwards, Dr. Altschul took twenty drops of the tincture. The same symptoms occurred, but much more intense and long-continued;

there occurred also snatching in the throat, tickling in the windpipe, and a feeling of tightness of the chest, with diminished secretion of mucus. The asthmatic symptoms did not last long, but went off after a few hours. The symptom of dryness of the cesophagus was also transient. But the constipation which succeeded lasted three days.

2. Mr. K. Fahrn, 42 years old, of scrofulous constitution, stunted growth, and phlegmatic temperament, took ten drops of the mother tincture. In a very short time there occurred slight confusion, accompanied by a feeling of contraction in the forehead, impaired sight, and flickering before the eyes. This state lasted about half an hour, and went off after eructations with a smell of musk. Thereafter he experienced in his stomach and bowels a pleasant warmth, which lasted an hour and a half. He felt very cheerful. The vision was much better after the trial than it had been before; he had no headache either that or the following day; but his bowels were constipated for a long time.

3. Mr. T. Sonnemoradt, aged 22, thin, nervous, pale, and of the sanguine temperament, took six drops of the tincture, and in from five to ten minutes felt slight contraction of the skin of the forehead; slight vertigo, of short duration; quivering before the eyes; soon followed by violent eructations, with the taste of musk, that lasted an hour. He was suffering, when he begun his proving, from diarrhoea, brought on by cold, which was immediately arrested, and his bowels were constipated for two days. He also had repeated attacks of epistaxis.

4. W. A. Kalmus, medical student, 21 years of age, of sanguine, choleric temperament, stoutly made, and enjoying robust health, made several trials of the medicine on himself. He first took 8 drops of the tincture in half an ounce of distilled water. Immediately he had eructations, with the odour of musk, lasting for a quarter of an hour incessantly, then interruptedly for an hour, when it went off. He had also occasional noise in the bowels, as if from the generation of flatulence there. He had moreover pressure in the frontal region; confusion of the head; dull humour, though he was usually cheerful.

On another occasion he made an infusion of an ounce of Sumbul in a pint of water, and poured it into the water when he was taking a bath. When he came out of the bath he felt refreshed and strengthened. A friend of his who made the same experiment, had a diarrhoea when he went into the bath, this was immediately checked, and his bowels became constipated for a couple of days.

Mr. Kalmus made another experiment, by swallowing an infusion made from a drachm of Sumbul-root in a pint and half of water, and this brought on diarrhoea. He observed the same effect when he chewed the root and swallowed the saliva impregnated with it. He also noticed a teasing tickling in the nose, that troubled him three times during the day.

The same dose as decoction produced disgust and nausea.

Another trial with 12 drops of the mother tincture caused, besides eructation and pressure in the frontal region, an increased warmth on the whole body; excessive sensitiveness to the cold air; slight obscuration of the vision; excitation of the sexual feeling; diarrhetic motions, whereas his natural habit was constipation; however, afterwards constipation came on and continued several days.

Another trial was with a scruple of the tincture in half an ounce of distilled water, taken in the afternoon. This produced great development of warmth, especially in the face; accelerated full pulse; cheerful humour. Slight headache and eructation. Appetite much increased; great sensitiveness to cold air; feeling of sleepiness in the cold. Swelling of the upper lip, of the gums, and the fingers; pain in the knee, with stiffness of the leg, impeding walking.

Dr. Altschul and Mr. Kalmus made another trial, by taking each 20 grains of the powder of the root, and experienced the same symptoms, but in a greater degree, viz., eructations, with musk odour; increased appetite; elevated temperature of the skin; transient dimness of the sight; constipation.

5. Mr. B. Fischer, a stout youth of 17, of hardy constitution, sanguine-choleric temperament, and unimpaired health, with the exception of diarrhoea, to which he is subject when he gets his feet wet. He took in the morning fasting 8 drops of the tincture in half an ounce of distilled water. Five minutes afterwards he had eructation, with musk odour; nausea. In ten minutes he had a shooting pain, extending from the cervical muscles of the left side up to the temporal region; also a feeling of cold and rigor; trembling of the feet; pinching in the bowels; feeling of emptiness in the stomach; followed by bulimia, demanding immediate satisfaction. Humour excited and cheerful. In a few hours the action of the medicine was exhausted.

6. A lady of nervous constitution, subject to hysteria, 32 years old, frequently ill, and addicted to medicine taking. She shewed little susceptibility to 10 drops of the tincture, the symptoms it developed in her being very slight. The most marked was a retardation of the menstrual flux.

The above are all the experiments illustrative of the physiological action of Sumbul Dr. Altschul has to bring forward. It need scarcely be remarked, that they are greatly inferior in every respect to the very complete proving of the drug by Mr. Cattell, on his own person; and they shew that this proving society were determined not to put themselves to any very great inconvenience for the sake of science. However, such as they are we accept them thankfully, more especially as they corroborate some of the effects observed by Mr. Cattell.

Passing over Dr. Altschul's remarks on the physiological and patholo-

gical sphere of action of Sumbul, we shall conclude with his clinical experience of its use.

He says he found it of use in the habitual diarrhoea of old people, when the affection did not depend on increased excitability, but on a torpid state of the bowels, when the continued evacuations produce a considerable muscular weakness of the bowels, the nutrition is deranged, and dyspeptic symptoms are present. He cured a case of this character in a man 72 years old, who had suffered for several years from this diarrhoea. The motions consisted of half digested food, that was quickly ejected from the rectum, mixed with serous and watery fluid. A motion generally occurred a quarter of an hour after eating. The dose of the medicine was a drop of the first dilution (5 to 100) several times a day. In six weeks the patient was perfectly cured.

A lady aged 25, was affected with typhus abdominalis. On the 17th day of the disease, there occurred hiccough, involuntary discharge of the faeces, confusion of head, delirium, and great sinking of the forces. Sumbul relieved her materially.

The last case is that of a boy 3 years old, suffering from mesenteric disease, who had diarrhoea for a fortnight, as a consequence of which he was much emaciated, pale, features sunk, skin hanging about him, the muscles lax, the legs oedematous, strength exhausted. After 6 doses of the 1st dil. of Sumbul, the diarrhoea became less frequent, and he was able to be removed to the country, and to take cod-liver oil, on which he throve better.

The above cases may stand for what they are worth; we do not consider that they teach much respecting the therapeutic powers of Sumbul. We forbear recording what Dr. Altschul says respecting the diseases for which he considers the drug applicable, for we find to our amazement that he recommends it for states the exact opposite to those produced by it on the healthy.

Peculiar appearance of the tongue following the prolonged use of Iodine.

Prof. Langston Parker records the following cases:

I.—A surgeon, aged 47, consulted me in the early part of this year for certain symptoms of an old venereal taint. He had taken ten grains of the Iodide of potassium twice or thrice a day for ten years. There was no wasting of the testicles; he had sarcocele clearly venereal, with a small hydrocele on one side; the testis on the one side was healthy; there was hypertrophy of the tongue, which was tender and covered with lobes or nodes, and fissured by deep cracks.

II.—A German gentleman, who had suffered from secondary syphilis for five years, and who had been treated by Ricord, Chelius, and others,

was sent to me for an opinion as to the nature of a disease in his tongue. He had taken large quantities of the Iodide of potassium for four years. The tongue was tender, swollen, lobulated, and fissured by deep cracks. The testes were of good size and appeared healthy.

III.—Patient had taken five grains of the Iodide of potassium three times daily for nearly three years. He was emaciated and weak; his appetite was totally gone. He presented no symptoms of venereal taint, attributing his indisposition to the prolonged use of the remedy. The testicles were healthy and of full size; the tongue was affected as above.

IV.—A gentleman had suffered from a constitutional venereal taint for thirteen years. He had taken large quantities of the Iodide of potassium for long periods. The tongue presented the appearance already described: it was in some places hard and lobulated, in others fissured by deep cracks; the left testis had almost entirely disappeared: it was reduced to the size of a pea; the right was of full size and healthy. Virility was not impaired.

Prof. Parker has selected these cases from a mass of others establishing the same conclusions. The peculiar, almost cancerous, appearance of the tongue, he believes to be due to the long continued use of the Iodide of potassium. The fourth case is the only one in which he ever saw the absorption of the testicle directly the consequence of the same cause.—*Edinburgh Monthly Medical Journal*, April, 1852, p. 379.

Excision of the Tonsils.

[In a paper by Mr. Toynbee on the question, "Ought the tonsils to be excised in the treatment of deafness?" there are some interesting particulars as to the effects arising from the loss of these organs. The simple enlargement of the tonsils is a disease very often met with in strumous habits, and though frequently amenable to homœopathic treatment, yet cases occur where the absorption appears so tedious that the patient or his friends are apt to be induced to listen to surgical opinion, and gladly embrace so quick a mode of apparent cure as excision offers. It is well then in such circumstances to know, that an operation so simple in itself, often paves the way to confirmed bad health.]

Mr. Toynbee remarks, "In addition, these operations become wholly unjustifiable when the extent to which they are performed, and the evils which result from them, are fully appreciated. I can say, from my own experience, that they have been performed in every possible variety of deafness, from cases where the disease has evidently been in the brain or labyrinth, where the nervous system of the ear has partaken of the general debility of the system, down to those of hypertrophy of the membrana tympani. Indeed, it was only requisite for a patient to be deaf, in

order to secure the excision of his tonsils, or some part, at least, of his throat, being cut. And what has been the result of these operations? In the first place, I have no hesitation in stating, that my own experience agrees with that of Mr. Harvey, and that many cases of deafness have been much increased by them. Mr. Harvey says:—‘Some thousand operations have been performed on man and woman, the greater number seemingly without a reason or excuse. The Profession is entitled, surely, to be made acquainted with the results—results which, I fear, when known, will be found to be, though remote, not the less melancholy.’ In the previous page, Mr. Harvey says:—‘Such excision (of the tonsils) is by no means calculated to afford relief to defective audition; nay more, it is more likely to prove injurious, in many cases, than serviceable. The same experience has satisfied me that the removal of the tonsils gives rise occasionally to deafness; that it enfeebles the frame, injures the constitution, affects the system in general, and alters the nutrition of the body.’ But the local injury is not confined to the ear. I have met with many cases; and some of these, I regret to add, have occurred in professional singers, whose voices have been completely ruined by them. Even while writing this paper, a celebrated physician mentioned to me a case of the kind. He said:—‘Poor Miss A., a professional singer, too, was induced to submit to the operation; I would not assent; I endeavoured to dissuade her from going, and refused to accompany her; the tonsils were excised, and she has never sung since.’ The voices of some patients have been so much injured by the operation, that they have never been able to read aloud afterwards; the ordinary voice has been weakened, a difficulty in swallowing has been experienced, and there has ever remained a sense of dryness in the mouth and throat, accompanied by thirst.

“A second way in which the excision of the tonsils acts injuriously is by deranging the general health. In addition to their local influence upon the mouth and fauces, the tonsils seem to have some intimate relation with other organs, especially in women. I have seen numerous instances in which the patients have dated the origin of a general debility, with its various accompaniments, to the extirpation of their tonsils. Indeed, the day on which the tonsils have been extirpated has been mentioned to me by several, as one of the bitterest in their lives. Here is another corroborative case from Mr. Harvey:—‘A young lady, about eighteen years of age, had the tonsils removed for apparent obstruction, as well as for some thickness of the voice; she was of a ruddy complexion, and the mammæ were developed. A few days after the operation, her health became deranged; her bosom sank, and great disturbance was complained of in the other functions. Here there can be no doubt of the close connexion between the mammary gland and the tonsils. My friend Mr. Hunt detailed to me the particulars of a case of a young lady, whose health sympathised in a similar way with the excision of the tonsils.’ Mr.

Harvey also says:—‘The result of my observation and experience is that excision of the tonsils has also produced considerable disturbance in the pulmonary apparatus, both in the mucous membrane of the bronchi, and in the parenchyma of the lung itself.’ I myself have frequently seen cases in which a pulmonary affection has dated from the extirpation of the tonsils: and I do not hesitate to say, that there is scarcely a medical man of large practice who could not add his testimony to the fact of the injury, local or general, which has accrued to patients from tonsil-cutting, and other operations on the throat.

“I cite the following cases, in illustration of the evil effects of excision of the tonsils, out of the many that have fallen under my notice:—

“Miss W., aged 25, of a weakly constitution, consulted me a short time since on account of deafness. She says that her mother was deaf, and two of her cousins are so. Eight years ago, after a severe cold and pain in the ears, she became dull of hearing, and the affection gradually increased. She requires to be spoken to through an elastic tube. She complains of a loud rushing noise, which comes on suddenly in an aggravated form whenever she is excited. She is also more deaf when she is weak. On examination, each meatus and membrana tympani was found in a healthy state, and the Eustachian tubes pervious. This lady stated that a few years previously, she had consulted a gentleman on account of her deafness, and that upon looking into her throat, he at once said, ‘I must cut out your tonsils; that will certainly cure you.’ The lady’s aunt slightly expostulated; however, the gentleman at once proceeded to perform the operation, ‘and, after several unsuccessful attempts to lay hold of the tonsils, he at last managed to get them both out, the parts removed being about the size of a small almond.’ This lady’s report is, that ‘since the removal of the tonsils the deafness seriously increased, that her voice has been so weak that she has been seldom able to read aloud, and then never for more than a quarter of an hour at a time, which she considers a very severe deprivation. Although she previously had a very fine voice, she is now disabled from singing, has frequent pain in the fauces, a constant sense of dryness in the mouth, and perpetual thirst.’ Her general health has also materially suffered, and she is now under the care of a celebrated physician accoucheur in London. Upon looking into this patient’s throat, there was no vestige of the tonsils. Dr. Copland, who saw this case with me, said ‘the operation was quite unjustifiable; that organs had been cut away which exercised very important functions in the animal economy.’ Dr. Copland added, in a note to me, that he ‘considered these operations of cutting off the tonsils and uvula more or less injurious, and that he never knew a person who could sing, to preserve their voice afterwards, dryness of the throat and hoarseness being generally complained of.’

“Another young lady, about the same age, and whose case was as

similar as possible to the above, and who was under my care, thus writes to me:—‘The first time I paid the gentleman a visit, he said decidedly the tonsils ought to be removed, and expressed some surprise that they had been allowed to remain so long. He assured me, very positively, that their removal would cure the deafness, which, he said, was solely caused by their enlargement, and also attributed a very frequent sore throat, I was at that time subject to, to these same unfortunate tonsils; though now that I am better acquainted with the nature of enlarged tonsils, I believe mine to have been most innocent, and not in any way to be blamed for my infirmities; they certainly never inconvenienced me, and, when removed, were not larger than the end of the little finger. The gentleman removed them the second visit I paid him, and just before doing so, told me not to be surprised if the cure was not immediate, as it might be some weeks. The day after the operation, the throat became ulcerated on both sides, and very much swollen, and remained so for a week or ten days, and it was with great difficulty that I could swallow even liquids in very small quantities; he said I must have taken cold. In the frequent visits I paid him afterwards, he always put caustic to the throat, stuffing a sponge which contained it as far down as possible. The first time, it gave me intense spasm to an extent I hope never to have again; it frequently had the same effect afterwards, but in a milder form, and always made the throat very sore for a day or two.’ This patient, who was brought to me by Sir John Liddell, had partial anchylosis of the stapes to the fenestra ovalis. I need not say that she was not in the slightest degree benefited by the operation; but it was the opinion of her mother and others, that her health was seriously affected by it. She has lately been a great sufferer, and confined to her room for some months with an affection of the chest.

“It is possible that some of my readers may think that I have laid too much stress upon the injurious results which have followed the excision of the tonsils and other operations upon the throat. From the large number of cases I have myself met with in my own practice,—from the numerous cases detailed to me by others,—from the attempts made by medical men, especially by the late Mr. Liston, to put a stop to the operation, and from the fact that 3000 operations have been performed by one gentleman alone, I do not think I have magnified the extent of their evil effects. That they must have been keenly felt by society, is shown by the fact, that one of the most popular of modern poets, who did not raise his voice without due cause, thought it his duty to aim the lash of his satire at these operations of ‘tonsil-cutting,’ as well as at the system of unceasingly injecting the Eustachian tubes.”—*Med. Times*, 1853, p. 495.

[We have witnessed in a marked manner the evils of this operation. A young lady, subject to irritation of the throat, was prevailed on to have slightly enlarged tonsils and elongated uvula excised. The operation was

performed, and from that time she dates her confirmed bad health; frequent rawness and ulceration of throat, complete loss of singing voice, general irritation of the mucous membrane of chest, digestive organs, and uterus.—Ede.]

CLINICAL RECORD.

Scirrhus uteri.

by DR. CL. MULLER.*

On the 28th of September 1850, I was called by the midwife to see a sick woman in the neighbouring small town of M—; according to her account the patient had been given over by the village doctor, and wished to try homœopathy as a last resource. I found a woman of 52 years of age, extremely wasted, the skin of a yellow earthy hue and hanging in folds, crouching in bed. In answer to my questions, I learnt that she was in rather needy circumstances, had never gone through any severe illness, but had never been very strong, and had borne and nursed several children, none of whom, however, were alive. She had never quite recovered her health since her last confinement, which took place twelve years previously. From the time of her ceasing to menstruate, in her forty-fifth year, she had from time to time pains and piercing in the region of the uterus. For about a year the pain had become more severe and constant, and she had also occasionally an inconsiderable mucous discharge from the vagina. From that time forward she had been under the care of the physician of the village, and notwithstanding his endeavours, the disease continued to gain ground. On examination I found the abdomen not very tender to the touch, except over the bladder, which was besides distended, as she could only pass urine seldom and with great difficulty; but the bowels were filled with wind, and in some places with hard faecal masses, because the stools came away with the greatest difficulty and fearful pains; the external organs of generation flabby and varicose; the vagina dry, burning hot, and very tender; the mouth of the womb swollen, hard, and painful to the slightest touch. There had been no discharge for some weeks. In the whole of the bowels there was the most dreadful burning pain, which was rendered most endurable by leaning forward. The hard knobby swelling of the uterus could be felt quite plainly from the rectum. Besides these burning pains, she had on every movement violent shooting pains towards the upper part of the abdomen; she had burning thirst, with dry mouth and throat; entire loss of appetite; almost always after eating or drinking, frequent retching and vomiting. Her rest has been much disturbed for some months nightly, and through

* From the Homœopathische Vierteljahrschrift, vol. 3, p. 246.

nightly doses of Morphine she got some rest; but even under its influence she could not sleep more than an hour at a time, and only in a half sitting position, because in the night an exacerbation always took place.

Under these circumstances no physician could give any but the most unfavourable prognosis, and from my experience I quite despaired of a cure. Nevertheless I left a dose of Cantharides 6, to be given that evening, and ordered warm cataplasms of rye meal to be applied to the region of the bladder, and desired the Morphine powder to be discontinued, and a messenger to be sent in to me in the morning, as I must first carefully examine the symptoms of the disease before I could order a medicine for continued use. On the following day the messenger told me that the pain as usual had increased in the night, and that the patient, driven to despair by the certain want of sleep, notwithstanding my prohibition, had had recourse to the Morphine. After the most earnest consideration of the subjective and objective symptoms, I ordered Arsenic ($\frac{1}{100}$ th) every evening, 1 gr. to be taken in water. After six days I was informed that the pain had lessened even the first night, and the patient had slept for some hours, and from that time forward a general improvement in that respect had taken place, so that the patient, in newly awakened confidence in her recovery, had thrown away the Morphine powder, in order to avoid the temptation of taking it during a paroxysm of pain. By the same prescription, in the course of two weeks, the pains became so much less, that the patient was quite free from them for hours in the day, was also able to move gently, and enjoyed an unbroken sleep during the night. The stools and urine were passed regularly, but for sometime with severe burning pain; even the appetite and a healthy digestion returned, and a visible increase of bodily strength. Under the continuance of the same medicine at longer intervals, her recovery made such rapid progress, that in twelve weeks my patient surprised me by a visit, having walked at least four miles; and she assured me that in her domestic occupations she could carry pretty heavy articles up and down stairs without feeling any inconvenience. At the second examination which I now made, I found the abdomen soft and painless, as well as the region of the bladder; the vagina natural, no longer hot, dry, and painful, but with a natural warmth; the mouth of the uterus much less swollen and hard, and only tender on very strong pressure; the emaciation and dyscratic colour of the skin quite disappeared. In short, without any other medicine, this woman, who was given up as hopeless by all the neighbourhood, was now quite cured and remained perfectly well at the end of the year 1851.

This recovery, so far exceeding my expectations, was also interesting to me in another point of view; more especially it proved to me that the dose of Arsenic in this instance, was by no means too large, but on the contrary, as the experience of several similar cases has taught me, exactly what was required to produce these effects.

In the fourth week of the treatment I was absent when the messenger arrived for the medicine, but I had left directions with one of my colleagues to continue the Arsenic in case the improvement progressed; he did so, but gave the 12th dilution (1, 9), and after eight days I learnt that the improvement had ceased, the frequent pains and the nights of restlessness again commenced, upon which I immediately returned to the 1st trituration, and from that hour she again made steady progress. But nevertheless I am far from concluding that it is always necessary to give such powerful doses. Even at that very time I received a striking proof with what rapidity the finer, and what are commonly considered quite immaterial doses are followed by the best effects in suitable cases.

I was seeing a patient late in the afternoon at the house of a lady of forty years of age, when the latter begged me to give her something to rid her of a violent megrim, brought on by loss of rest the previous night, because she was anxious to be well as soon as possible in order to go to a party the same evening. Circumstances made me anxious to gratify this somewhat unreasonable request, but as I had never been able in my ordinary practice to procure such a sudden respite from pain, I despaired of a cure being accomplished in the given time; nevertheless I gave my impatient patient some fresh moistened globules of Belladonna 12, to smell, and left the bottle with her, with directions to take four globules in an hour. The same evening I met her husband, who had hitherto no faith in our system of medicine, and turned it into ridicule, and was not a little rejoiced to learn that a quarter of an hour after my departure, the headache and sickness had entirely vanished, and that his wife had not taken the globules and had gone off to the party in good spirits and refreshed. My joy however was somewhat damped another day by my patient assuring me that she had kept the bottle, and expected immediate relief from it whenever she was seized with a similar attack. I very much feared in this case, that the capricious megrim would rarely be charmed away again, and trembled for my easily acquired fame; but the smelling alone of the medicated globules, which I freely moistened from time to time, had almost always been wonderfully successful. What a difference here between the grain of the first trituration of Arsenic and the smelling of a few half dried medicated globules of Belladonna of the 12th dilution! But what a difference also between the material disease of that dyscratic woman which had lasted for years, and the hyperæsthesia of this hysteric lady!

[Whether the above was an incipient case of true carcinoma, or simply a severe case of chronic inflammation and induration, it is at all events a most instructive and interesting one.—E.Ds.]

*Peritonitis cum Oophoritide.**by* DR. CL. MULLER.

On the 4th of October 1851, I was urgently requested to undertake the treatment of a young woman of 28 years of age; during the journey her husband informed me that the patient had been ill since her confinement six months previously, and that on account of her illness increasing daily during one month, the village physician, Dr. B. had wished for a consultation with a physician from Leipzig; thereupon the friends of the patient determined on having the same physician who had treated the foregoing case. Under these circumstances I sent for Dr. B. but found that he had gone out and would not return for some hours. At the express wish of the patient and her friends, I therefore now undertook the examination and treatment of the patient alone. Out of the very imperfect data afforded me of the previous history and recent state of the case I learnt the following. The patient had always been strong and healthy, and had also had a good recovery from a confinement two years previously. In the April of this year she had been delivered of her second child; the labour was tedious and difficult, but without any medical help; but while still in child-bed she had begun to feel pain in the left side of the abdomen, with forcing and bearing down, which made it so difficult for her to turn or move, and affected her general health so much, that she was obliged to wean the infant. After some months of medical treatment, inwardly and outwardly, she recovered so far as to be able to leave her bed; but during the last six weeks she had become worse than ever, more particularly the pain had become insupportable. Her present state was as follows:—Day and night violent pressing shooting pains in hypogastrium, most in the left side, increased by every movement, passing of stool and urine; the pains prevented her lying in any way but on her back with her thighs drawn up; stools only procured for weeks by artificial means, with frightful pain and straining; almost constant desire to urinate, and burning in the urethra with scanty and red brownish urine; entire loss of appetite, with foul, slimy taste in the mouth; thickly coated tongue; great thirst; frequent straining and retching of watery mucus; sleeplessness caused by nocturnal exacerbations of the pain; restlessness of the limbs with foetid perspirations; small frequent pulse; extreme weakness and emaciation; slight oedema of both feet; the upper part of the abdomen was tympanitic but painless; the under part especially on the left side, painful upon pressure; the sound on percussion was dull mixed with tympanitic; the bladder very full and painful. On examination the vagina was found hot, dry, painful on pressure from the front; the mouth of the womb easily reached; pressing it upwards was not painful, but much increased the pain in the abdomen; the urethra extremely tender, very red and much swollen. Menstruation had not returned since her confinement; the lochia was not quite profuse, and

had not continued long. Of the treatment I could learn nothing, except that of late she had got a good many purgatives and a white bitter powder that allayed the pain. From the first there was a difficulty in the diagnosis of this case, for though the more marked pain and dulness on percussion in one spot indicated affection of the left ovary, yet the general tenderness of the abdomen prevented my detecting any swelling of that organ; also the pain and dulness were too extensive to be accounted for by affection of the ovary alone. It appeared to me most probable that the disease had been primarily inflammation of the ovary, which caused peritonitic exudation and numerous adhesions to the surrounding parts—a conclusion which was afterwards confirmed by many circumstances. I was for some time in great doubt as to the appropriate remedy, and far from sanguine as to the results of the case. Nevertheless I ordered a grain of Merc. sol. 3rd decimal trituration to be given every night, and on account of the difficulty in passing urine, a warm oatmeal poultice to be laid over the region of the bladder. On the 5th day I received the first accounts:—that the powder had worked well, insomuch that even the first night after taking it had been a better one, and that the violent pains had gradually and steadily declined, that the evacuation of the rectum and bladder had become more regular and much less painful. Under the continued use of the Merc. sol. 3, the improvement made steady progress till the 15th day, when after a fit of anger and quarrelling, she had cramp in the stomach, bitter vomiting, headache, and general excitement, for which symptoms I gave Nux vomica for three days, and then went on with the Mercury as before. In the fourth week of the treatment the patient could be out of bed for some hours at a time, and was improving in appetite and strength from day to day. On the 29th November I saw her again for the first time; she having come all the way to Leipzig in an open carriage with miserable weather and roads. She asserted that she was cured of her disease, except that she had still a dull pain in the left side on lying down, which however was not bad enough to hinder sleep. The appearance of the patient quite confirmed this account of herself, for she had quite lost her leanness and sickly complexion. On examination there was found only on strong pressure a slight pain in the left hypogastrium, and a hard spot dull on percussion at the same place; the bladder was not painful, nor was there any displacement nor abnormality about the uterus, vagina or urethra. The catamenia had not yet returned, but all the other functions were normal. As the above named swelling corresponds with the left ovary in position, there is little doubt from the foregoing history, that the latter organ is the seat of the present ailment, and was the focus of the late disease; it is not so clear however what is the nature of that organic change. It is to be presumed, from the small extent of the swelling, that it is not dropsical, neither cystic, sacculated nor hydatid, as is also shown by the circum-

stance that neither uterus, nor navel, nor linea alba are displaced: against the supposition of alveolar cancer, or alveolar dropsy, speak also the small extent of the swelling, and the absence of every other dyscratic symptom. The most probable supposition therefore is, that it is a fibrous (inflammatory) induration of the left ovary, and adhesion with the peritoneum: such would not give any dangerous prognosis, and considering the considerable absorption already taken place, would allow hopes of a further involution of the inflammatory product, and even ultimately complete cure.

I cannot refrain from mentioning the behaviour of the abovementioned Dr. B., who occasionally continued to visit the patient, and was an eye-witness of this successful homœopathic case. On my asking what her former physician said, the patient told me that he had often declared, shrugging his shoulders, that he would eat a whole homœopathic apothecary's shop to breakfast without injury. That seemed the whole effect produced on this worthy gentleman by the sight of these two cases, although they were both extremely well fitted to demonstrate the wretchedness of this rational medicine and the worth of homœopathy. At any rate, these two cases, though occurring in persons in humble life, have made no small stir in the place, and attracted great attention to homœopathy.

Cases by DR. POPE.

Stomacace.—Kali bich.

H. H., an unmarried female, æt. 25, admitted to the Derbyshire Homœopathic Dispensary, March 1st, 1853; stated that for three months previously she had been suffering from tender and swollen gums, and considerable gastric derangement. On examination, the gum of the lower right jaw is very much swollen, of a dirty-white colour, and extremely tender to the touch; the teeth on that side are quite loose, and will not bear the slightest pressure; two teeth have been extracted from this side with a view to afford relief; profuse ptyalism; the gums of both sides of the mouth are unusually sensitive; she cannot masticate any food at all; liquid food causes the gums to feel very sore, and the tongue rough; the tongue is furred, of a dirty-brown colour at the sides, in the centre red and irritable looking; the throat is swollen and painful; sour taste in the mouth; eructations constantly for some time after taking food; after a meal she complains of an aching pain in forehead and occiput, and also a feeling of giddiness and faintness; the bowels are quite regular; tight pain across the lower part of the chest, extending to between the scapulæ, particularly when eating. She appears very weak, and has become much thinner during the last few weeks.

She has been under allopathic treatment without relief, and has also had some globules from a domestic medicine chest.

R pil. Kali bich. 3, 4tā qq. h.

March 8.—She states that she feels much better; can now masticate her food with the front teeth easily; the salivary discharge is much less; pain and swelling in the gums diminished; she enjoys her food more than she has done since her illness commenced; pain across the chest less; food is retained by the stomach more easily than it was, and does not turn sour so readily.

Presc.—Contin. medic. qq. 6td h.

March 15.—Mouth quite well; no pain or swelling of the gums, and the teeth, which before were loose, are now firm in their sockets; appetite quite good, and digestion easy. She complained of a slight frontal headache, aggravated by light, with a heaviness of the eyes, which was relieved by a few pilules of Bell. 3; after which she reported herself as quite well, and not only so, but as feeling better than she had done for several years.

Ophthalmia Scrophulosa.—Mercurius.

E. S., a delicate and sickly looking child, æt. 8 years, applied at the dispensary on the 29th of April, 1853, on account of an inflammatory condition of the right eye. Her mother states that she has been ill for a week past, suffering from severe aching pain in the eyeball; hot and profuse lachrymation, and photophobia. On examining the eye, both conjunctiva and sclerotica appear in a state of intense inflammation; the cornea appears very dim and hazy; the eyelids are swollen and livid looking. The right cheek is swollen, and has been the site of an impetiginous eruption for three months past; the pustules are small, and the surrounding skin of a livid colour. The eruption extends also around the mouth; lips swollen. Her appetite is as good as usual.

R Trit. Merc. viv. 3, gr. $\frac{1}{4}$, ter. indie.

May 10.—The eye is quite well. Within two days from taking the first powder, the inflammatory appearances had subsided, and her sight was quite good. There is now neither pain nor redness of the eye, lividity of the lids, nor photophobia; the eruption on the face is nearly gone; the lips are rather dry, and slightly swollen. She has had no medicine for three or four days.

R P. Sulph. 6, qq. mane et vespere.

In a few days she returned quite well, and was accordingly discharged.

Diarrhœa.—Arsenicum.

W. M., a labouring man, æt. 30, sent for me on the evening of the 21st of July, 1852, and stated that he had, two days before, been seized with violent purging, and pain in his bowels. He however continued at his work until this evening, having taken a mixture, containing, apparently, Chalk, Catechu and Opium, very frequently; but without relief. He has been very severely purged this afternoon and evening;

the stools are watery and of a reddish brown colour; tongue thickly coated with white fur; is extremely weak; pulse not much affected.

℞ Tr. Arsenici 3, gtt. $\frac{1}{8}$ th qq. qrtā horā.

July 22.—Purging much less frequent to-day; slept very little last night; and has vomited considerably.

℞ Rept. medic. qq. 3 tiā horā.

In two days more the diarrhoea was quite stayed; though, through the great prostration of strength it had produced, he was unable to return to his work until the 26th.

Bronchitis.—Arsenicum.

J. M., æt. 34, has for six months past been suffering from a severe cough, which, he says, commenced with a sore throat. He came to the Derbyshire Homœopathic Dispensary on the 25th of February. On admission he states that his cough is very severe at night and whenever he lies on the back; he has considerable dyspnoea; expectoration is profuse, white and frothy; occasionally it is thick and yellow; after a discharge of which he feels better. An attack of coughing is followed by perspiration and great prostration of strength; the chest is clear on percussion, over every part loud sibilant râles are heard; tongue white and foul; sickness after meals, and in the morning on rising; bowels regular; pulse 92 and feeble; is extremely weak, cannot follow his occupation (that of a weaver); countenance very much depressed; and is very low spirited.

℞ P. Arsenici 3, 4tā. qq. horā.

March 1.—Much better; cough, expectoration, and dyspnoea much less; countenance clearer and less anxious.

Rept. medic.

March 4.—Is improving; sleeps all night without coughing; feels stronger; respiration much easier; and appetite better. The same medicine was continued for another week, when he sent to say that he felt quite well, and consequently did not require any more.

Hæmoptysis, by DR. WAHLE.

A tall, stout, cheerful man, about 30 years old, was suddenly attacked with spitting of blood whilst walking, without any previous illness. His allopathic physician immediately ordered him off to Venice, where, as before, he was treated with venesections, purgatives, and other weakening remedies, and at last sent on to Florence, whence he was counselled to go to Rome. Here he was treated with many medicines, and at last prescribed Castellamare mineral waters, under the use of which he was suddenly attacked in the middle of the night with violent hæmoptysis. Dr. Wahle saw him on the 14th April, 1844. He found him in bed, very much emaciated; the complexion yellowish-grey; the mind anxious; he could scarcely move his lips; weight and oppression of the chest; and constipated bowels. He had lost during the night

some pounds of blackish blood. Appetite bad; weak and intermitting pulse. Otherwise no complaints, except that his humour was very dismal and desponding. The first remedy he got was *kreos. 6*, of which he got a powder containing 12 or 16 globules every eight hours for four days. The spitting of blood diminished forthwith, and in 24 hours no more was ejected, but he continued to complain of oppression of the chest, for which he received *phos. 6* every night and morning for a week. Then two doses of *sulph. 12*, six of *ars. 15*, and a few doses of *staph.* After this he complained no more. His appetite was good; his diminished strength increased from day to day; his sleep was quiet; and he recovered his cheerfulness. From prudential motives he was provided with a small bottle of *kreos. 6*, and advised to take a small dose of it every two or three days, and on the 6th of May he left Rome for his native country. He wrote afterwards to say he continued well. (*N. Archiv.* III, p. 41.)

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